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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32310

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

KRISSCHLEMBACH@GMAIL.COM  
Email Address:

FLORIDA LIMITED LIABILITY CO.  
Ocean Reef NJ Holdings LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**Ocean Reef NJ Holdings LLC**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

4634 Wildewood Drive  
Delray Beach, FL 33445

4634 Wildewood Drive  
Delray Beach, FL 33445

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

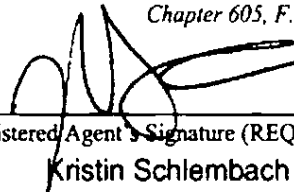
The name and the Florida street address of the registered agent are:

Kristin Schlembach  
Name

4634 Wildewood Drive  
Florida street address (P.O. Box NOT acceptable)

Delray Beach                      FL 33445  
City    Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)  
Kristin Schlembach

(CONTINUED)

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IN AND FOR STATE OF FLORIDA  
DELRAY BEACH, FL 33445

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Kristin Schlembach

4634 Wildewood Drive

Delray Beach, FL 33445

AMBR

Cathleen A Schlembach

4634 Wildewood Drive

Delray Beach, FL 33445

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

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**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**  
(In accordance with section 605.0203 (2) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kristin Schlembach

Typed or printed name of signer