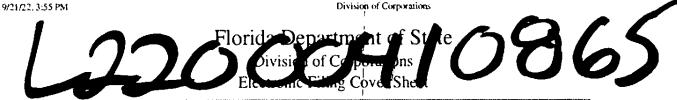
Division of Corporations



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To:

Division of Corporations |

Fax Number : $(850)617 \pm 6381$

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : $(561)694\frac{1}{1}8107$

Fax Number : (561)214-8442

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

Email Address:

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-- FLORIDA LIMITED LIABILITY,CO.

Lake Cecile Property LLC

"" Certificate of Statu	gination subje.	4 (5 8	. भ्यम्बद् र	``
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:		1			
The name of the Limited Liability	Company is:	•			
		1			
Lake Cecile Property I	LLC	i			
		Liability Company,	"L.L.C.," or "LLC.")	······································	
(-110-11-11-11-11-11-11-11-11-11-11-11-11					
ARTICLE II - Address:					
The mailing address and street add	dress of the principal	office of the Limited	Liability Company is:		
<u>Principal</u>	Office Address:		Mailing Addr	ess:	
	- 1 NIW C. 3. 20		Darker Court Destruction	NIW C 300	
6111 Broken Sound Pa Boca Raton, FL 33487			Broken Sound Parkway Raton, FL 33487	NW, Suite 200	
Doca Raion, 1 E 33-467			reacon, 1 2 33-407		
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac	cannot serve as its ow	n Registered Agent. \		lividual or TALL 202	
The name and the Florida street ac	ddress of the registere	ed agent are:		⇒÷	ĭ
	Associated Corpora	ite Services, LLC		EP 21 CLIÀRD HASSE	_
		Name		SEB -	
					Ţ
	6111 Broken Sound				-
	Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)	ORI OR	•
		,		57 ∵	
	Boca Raton	FL !	33487	8	

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..

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Ils Joseph Panholzer Joseph Panholzer, Attorney-in-Fact

Registered Agent's Signature (REQUIRED)

- (CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member / "MGR" = Manager	
	0.11.7.11
Authorized Representative	Daniel A. Kaskel 6111 Broken Sound Parkway NW, Suite 200
	Boca Raton, FL 33487
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	S.S.
(Use attachment if necessary)	: 5 7
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