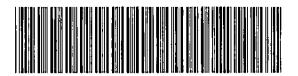
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### **WALK IN**

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#### **COVER LETTER**

	ew Filing Section ivision of Corporations
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SUBJECT	
	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Emilia R. Akridge
	Name of Person
	Crown Holdings Group, LLC
	Firm/Company
	4243 Dunwoody Club Drive, Suite 200
	Address
	Atlanta, GA 30350
	City/State and Zip Code eakridge@crownhgroup.com
-	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Emilia R. Akridge at ( 770 ) 391-1233
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
⊠\$125.00	Filing Fee U\$130.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section New Filing Section Division  Division of Company of C
	Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810
	Tallahassee El 20214 Tallahassee El 20202

Tallahassee, FL 32314

Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

1318-1418 North Ocean Drive, LLC

(Must contain 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:

4243 Dunwoody Clu	ıb Drive		4243 Dunwoody	Club Drive
STE 200			STE 200	
Atlanta	GA GA	30350	Atlanta	GA 30350

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:

Registerea Agents II	nc	
	Name	
7901 4th St N		STE 300
Florida street addres	ss (P.O. Box No	OT acceptable)
St. Petersburg	FL	33702
City	State	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.

David Goents

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorize "MGR" = Manager	ed interior	
AR	Emilia R. Akridge	
	4243 Dunwoody Club Drive, Suite 200	_
	Atlanta, GA 30350	-
	Atlanta, OA, 30330	•
MGR	Moshe Manoah	
	4243 Dunwoody Club Drive, Suite 200	-
	Atlanta, GA 30350	-
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