

Benda, Ficek, Grace & Company, P.C.

George Benda, CPA Gerald Ficek, CPA John M. Grace, CPA Thomas E. Rugenski, CPA Bryan D. Stulz, CPA

Certified Public Accountants

23235 Woodward Avenue Ferndale, Michigan 48220 (248) 543-6500

Fax (248) 546-1933

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May 7, 1999

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the Articles of Incorporation to the filed on behalf of the following limited liability company

Anastasia Island Associates, L.L.C. 8200 AIA South; Unit 34 St. Augustine, FL 32086 Registered Agent - Kevin J. Knight

Please return the recorded Articles to me at the following address:

George Benda Benda, Ficek, Grace & Company, P.C. 23235 Woodward Avenue Ferndale, MI 48220 (248) 543-6500

Enclosed herewith is a check in the amount of \$346.25 for filing fees.

Very truly yours,

BENDA, FICEK, GRACE & COMPANY, P.C.

George Benda, CPA

Encl.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANASTASIA ISLAND ASSOCIATES, L.L.C.

ARTICLE II - Address:

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

23235 Woodward Avenue Ferndale, MI 48220

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Twenty-Five (25) Years

99 MAY 10 PM 5: 00
SEGRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV - Management: (Check the appropriate box and complete the statement)

| | The Limited Liability Company is to be managed by a manager | or managers ar | nd the name(s) |
|-------|--|----------------|----------------|
| and a | ddress(es) of such manager(s) who is/are to serve as manager(s) is | s/are: | |

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Kevin J. Knight 8200 AIA, South Unit 34 St. Augustine, FL 32086 George Benda 23235 Woodward Avenue Ferndale, MI 48220

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

By unanimous agreement of all existing members.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Remaining members shall have the right to continue the business of the limited liability company.

ARTICLE VII - Affidavit of Membership and Contributions

| The undersigned member or authorized representative of a member of An | nastasia Island |
|---|-------------------|
| Associates, L.L.C. | certifies: |
| the above named limited liability company has at least one member; the total amount of cash contributed by the member(s) is | \$ 5,000 ; |
| 3) if any, the agreed value of property other than cash contributed by member (A description of the property is attached and made a part hereto.); and4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is | ber(s) is \$;;;;; |
| Signature of a member or an authorized representative of a member or an authorized representative of (In accordance with section 608.408(3), Florida Statutes, the exertaffidavit constitutes an affirmation under the penalties of perjury stated herein are true.) | cution of this |
| Kevin J. Knight Typed or printed name of signee | <u>.</u> |

Filing Fee: \$250.00 for Articles and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. | The name of the limited liability company is: Anastasia Island Associates, | L.L. | : | | - |
|----|---|------------|----------|----------|----------|
| 2. | The name and the Florida street address of the registered agent are: Kevin J. Knight | SECRET/ | NWH 66 | · · | - |
| | | \$55 \\ | 0 | = | 157 4 65 |
| | NAME 8200 AIA, South; Unit 34 Florida street address (P. O. Box NOT ACCEPTABLE) | OF STATE | PM 5: 00 | . П О | |
| | Florida sheet addless (1. O. Dox Mor Acces Mana) | | | • | - |
| | St. Augustine FL 32086 CITY, STATE AND ZIP | | - | <u>.</u> | |

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.

Kevin J. Knight SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent