

**L00000003832**

**Florida Department of State  
Division of Corporations  
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**((H00000015008 6))**

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**To:**

**Division of Corporations  
Fax Number : (850) 922-4003**

**From:**

**Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660**

**ALT**

**00 APR -4 PM 12:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**LIMITED LIABILITY COMPANY**

**Absa LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

**00 APR -4 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Absa LLC

**ARTICLE II - Address:**

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

2121 West First Street  
Fort Myers, Florida 33901

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

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

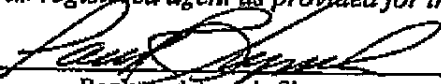
Paul R. Lynch  
Shumaker, Loop & Kendrick, LLP

101 East Kennedy Blvd, Suite 2800

Florida street address (P.O. Box NOT acceptable)  
Tampa FL 33602-5151

City, State, and 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 608, F.S..*



Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John W. Hilbert, II

Typed or printed name of signee

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Paul R. Lynch, Esquire  
Shumaker, Loop & Kendrick, LLP  
101 E. Kennedy Boulevard, Suite 2800  
Tampa, FL 33602  
(813)229-7600  
Florida Bar No. 0855685

**FILING FEES:**  
\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

APR -04 12:32 PM '00