

L03000005074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

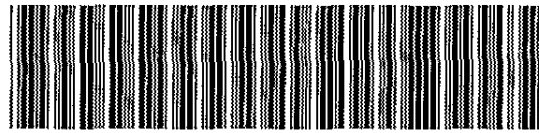
(Business Entity Name)

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STATE
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L03-5074

QR



ACCOUNT NO. : 072100000032
 REFERENCE : 925789 7358629
 AUTHORIZATION : *Patricia Pizit*
 COST LIMIT : \$ 155.00

ORDER DATE : February 11, 2003
 ORDER TIME : 10:45 AM
 ORDER NO. : 925789-015
 CUSTOMER NO: 7358629
 CUSTOMER: Mr. Jason Smith
 Tropic Wash, LLC
 4300 Nw 27th Street
 Cape Coral, FL 33993

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 TALLAHASSEE, FLORIDA

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DOMESTIC FILING

NAME: BREAKTHROUGH DEVELOPMENT, LLC

EFFECTIVE DATE:

- _____ ARTICLES OF INCORPORATION
- _____ CERTIFICATE OF LIMITED PARTNERSHIP
- XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX _____ CERTIFIED COPY
- _____ PLAIN STAMPED COPY
- _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - EXT. 1147

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BREAKTHROUGH DEVELOPMENT, LLC

ARTICLE II - Address:

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

4300 Northwest 27th Street, Cape Coral, FL 33993

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

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

Jason Smith
Name
4300 Northwest 27th Street
Florida street address (P.O. Box NOT acceptable)
Cape Coral FL 33993
City, State, and Zip

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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.

By: Jason Smith
Registered Agent's Signature

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

Deborah D. Skipper
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.)

Deborah D. Skipper
Typed or printed name of signee

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)

MANAGING MANAGERS OF:
BREAKTHROUGH DEVELOPMENT, LLC

Jason Smith
4300 Northwest 27th Street
Cape Coral, FL 33993

Kevin Campbell
10791 Orange River Blvd.
Ft. Myers, FL 33903

Eric Grill
1227 Southeast 44th Street
Cape Coral, FL 33904

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LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of BREAKTHROUGH DEVELOPMENT, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this _____ day of _____


Signature

Jason Smith

Print Name of Signer

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TALLAHASSEE, FLORIDA

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WITNESS:


Signature

Signature

Ryan Albert Smith

Print Name of Witness

WITNESS:


Signature

Signature

Kevin Campbell

Print Name of Witness