# DIVISION OF COTPOSION OF COTPOS

### Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : OSMOND C. HOWE, JR., PA

Account Number: I19990000175

Phone: (305)377-1012

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#### LIMITED LIABILITY COMPANY

Naples Management Group, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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# ARTICLES OF ORGANIZATION OF

#### NAPLES MANAGEMENT GROUP, LLC

#### ARTICLE I- NAME

The name of this Limited Liability Company ("Company") shall be:

#### NAPLES MANAGEMENT GROUP, LLC

#### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 501 Brickell Key Drive, Suite 504, Miami, Florida 33131.

## ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the initial registered agent of the Company is:

Osmond C. Howe, Jr., Esq. 501 Brickell Key Drive, Suite 504 Miami, FL 33131

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 statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent as provided for in Chapter 608, F. S.

smond C. Howe Jr., Ess.

Printed Name: Wesley M. Bobinson, Esq., 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 penjuty that the facts stated herein are true.)

Prepared by: Wesley M. Robinson, Esq. 501 Brickell Key Drive, Suite 504 Miami, FL 33131

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