

L04000076814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

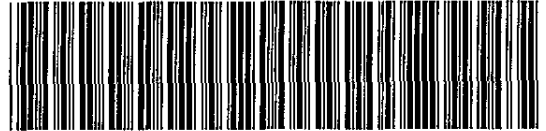
(Business Entity Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 938199 3487A

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 155.00

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TALLAHASSEE, FLORIDA

ORDER DATE : October 21, 2004

ORDER TIME : 4:59 PM

ORDER NO. : 938199-005

CUSTOMER NO: 3487A

CUSTOMER: Ms. Bonnie R. Quigley
Icard Merrill Cullis Timm
Furen & Ginsburg, Pa
Suite 600
2033 Main Street
Sarasota, FL 34237

DOMESTIC FILING

NAME: GRAN PARADISO II, 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: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

OCT-21-2004 14:29

ROBERT E. MESSICK

941366018

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

GRAN PARADISO II, LLC

ARTICLE II - Address:

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

Principal Office Address:

1265 HORSE & CHAISE BOULEVARD

VENICE, FLORIDA 34285

Mailing Address:

1265 HORSE & CHAISE BOULEVARD

VENICE, FLORIDA 34285

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

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

SAM R. RODGERS

Name

1265 HORSE & CHAISE BOULEVARD

Florida street address (P.O. Box **NOT** acceptable)

VENICE,

FLORIDA 34285

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, Florida Statutes.



Registered Agent's Signature

OCT-21-2004 14:28

ROBERT E. MESSICK

9413660718

P.02

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	<u>SAM R. RODGERS</u>
	<u>1285 HORSE & CHAISE BOULEVARD</u>
	<u>VENICE, FLORIDA 34285</u>
<u>MGR</u>	<u>MARY A. RODGERS</u>
	<u>1265 HORSE & CHAISE BOULEVARD</u>
	<u>VENICE, FLORIDA 34285</u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



 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.)

SAM R. RODGERS

 Typed or printed name of signer

- 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)