

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000172586 3)))



H120001725863ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239)344-1100
Fax Number : (239)344-1200

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
12 JUN 29 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
ALICO WEST FUND, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED
12 JUN 29 AM 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 2 2012

EXAMINER
6/29/2012

FAX AUDIT NO.: H12000172586 3

**ARTICLES OF ORGANIZATION
OF
ALICO WEST FUND, LLC**

ARTICLE I-NAME

The name of the limited liability company shall be ALICO WEST FUND, LLC (the "Company").

ARTICLE II-MAILING AND STREET ADDRESS

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

12800 University Drive, Suite 275
Fort Myers, Florida 33907

ARTICLE III-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

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

<u>Name</u>	<u>Address</u>
HF REGISTERED AGENTS, LLC	1715 Monroe Street Fort Myers, Florida 33901

ARTICLE V-PURPOSE

The Company shall have unlimited power to engage in and do any lawful business concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VI-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the name and

FAX AUDIT NO.: H12000172586 3

FILED
12 JUN 29 AM 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H12000172586 3

address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

Name

Address

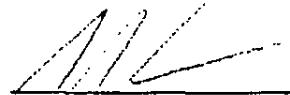
OJ BUIGAS

12800 University Drive, Suite 275
Fort Myers, Florida 33907

ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 29th day of June, 2012.



ERIN E. HOUCK-TOLL
Authorized Representative

FILED

12 JUN 29 AM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H12000172586 3

FAX AUDIT NO.: H12000172586 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

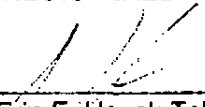
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: ALICO WEST FUND,
LLC.
2. The name and address of the registered agent and office is:

HF Registered Agents, LLC
1715 Monroe Street
Fort Myers, Florida 33901

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.

HF REGISTERED AGENTS, LLC

By: 

Erin E. Houck-Toll
Authorized Representative

12 JUN 29 AM 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FAX AUDIT NO.: H12000172586 3