

L99000000318

Division of Corporations

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

From: Account Name : CUMMINGS & LOCKWOOD  
Account Number : 102336001100  
Phone : (941) 649-3186  
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LIMITED LIABILITY COMPANY

BLACK MANGROVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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ARTICLES OF ORGANIZATION  
OF  
BLACK MANGROVE, LLC

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ARTICLE I  
Name

The name of this Limited Liability Company is BLACK MANGROVE, LLC

ARTICLE II  
Address

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

400 5th Avenue South  
Suite #302  
Naples, FL 34102

ARTICLE III  
Duration

The period of duration for the Company is perpetual.

ARTICLE IV  
Registered Office and Agent

The initial registered office of this Company shall be c/o Cummings & Lockwood, 3001 Tamiami Trail North, 4th Floor, Naples, FL 34103, and its initial registered agent at such office shall be CLASP INC.

Prepared by Aaron A. Farmer, Esq.  
Cummings & Lockwood  
P. O. Box 413032  
Naples, FL 34101  
(941) 262-8311  
Florida Bar No. 0995953

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ARTICLE V  
Management

The Company is to be managed by managing members and the names and addresses of the managing members who shall serve as managing members until the first annual meeting or until their successors are chosen are:

Chad N. Ott  
400 5th Avenue South  
Naples, FL 34102

R. Christopher Ott  
2700 Treasure Lane  
Naples, FL 34102

Barrett C. Ott  
3734 Rachel Lane  
Naples, FL 34103

Spencer V. Ott  
6727 Woodland Drive  
Dallas, TX 75225

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Dated this 20<sup>th</sup> day of January, 1999.

By: Chad N. Ott  
Chad N. Ott  
Managing Member

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of BLACK MANGROVE, LLC (the "Company"), deposes and says:

1. The above-named Company has at least one member.
2. The total amount of cash contributed by the members at this time is: \$1,000.00.
3. If any, the agreed value of property other than cash contributed by members is: \$-0-.
4. The amount of cash or property anticipated to be contributed by members in the future is: \$-0-.
5. The total amounts of 2, 3 and 4 is \$1,000.00.

Dated: January 20<sup>th</sup>, 1999.

Chad N. Ott  
 Chad N. Ott,  
 Managing Member

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

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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: BLACK MANGROVE, LLC
- 2. The name and address of the registered agent and office is:

CLASP INC.  
 c/o Cummings & Lockwood  
 3001 Tamiami Trail North, 4th Floor  
 Naples, FL 34103

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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.*

DATED: January 20, 1999.

CLASP INC.  
 Registered Agent

By   
 Aaron A. Farmer, Vice President

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