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OFFICE USE ONLY (Document #)

720415

100002773731--0
-02/12/99--01044--003
*****337.50 *****337.50

CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Colson Investments LLC

☐ Walk In

☐ Pick Up Time

☐ Mail Out

☐ Will Wait

☐ Photocopy

RUSH

☒ Certified Copy

☐ Certificate of Status

☐ Certificate of Good Standing

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB - 1 PM 1:18

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input checked="" type="checkbox"/>	Other <u>LLC</u>

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

L99-1129

Name	<u>[Signature]</u>
Availability	<u>[Signature]</u>
Document	<u>[Signature]</u>
Examiner	<u>[Signature]</u>
Updater	<u>[Signature]</u>
Verifier	<u>[Signature]</u>
Acknowledgment	<u>[Signature]</u>
W. P. Verifier	<u>[Signature]</u>

Ordered By

Date:



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 12, 1999

UCC FILING & SEARCH

RUSH

corrected

SUBJECT: COLSON INVESTMENTS LLC
Ref. Number: W99000003643

We have received your document for COLSON INVESTMENTS LLC and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The affidavit must set forth the amount of the cash and a description and the agreed value of property other than cash contributed by the members, and the amount anticipated to be contributed by the members.

A description of the property must be included.,

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 599A00006377

RECEIVED
MAR 11 11:53 AM
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
99 MAR - 1 PM 1:18

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Colson Investments, LLC

ARTICLE II - Address:

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

181 Carica Road
Naples, Florida 34108

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Fifty (50) years

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Myriam Slaughter
181 Carica Road
Naples, Florida 34108

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Upon approval of a majority of the then current members.

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ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

A majority of the members may elect to continue The Corporation, subject to the conditions specified in the Regulations of the Company.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of Colson Investments LLC
_____ certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 0;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 1,400,000;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 1,400,000.


Signature of a member or an authorized representative of a member.

(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.)

Myriam Slaughter

Typed or printed name of signer

Filing Fee: \$250.00 for Articles and Affidavit

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Beginning at a point 150 feet west of the southwest corner of Block 16, Tier 5, and extending westerly parallel with the northern boundary of Fifth Avenue South 100 feet; thence northerly 150 feet; thence easterly 100 feet; thence southerly 150 feet to the POINT OF BEGINNING, in the City of Naples, according to the plat in Plat Book 1, at Page 8, as recorded in the Public Records for Collier County, Florida and being in and a part of the East half of the Southeast Quarter of Section 4, Township 50 South, Range 25 East, Collier County, Florida.

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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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Colson Investments LLC

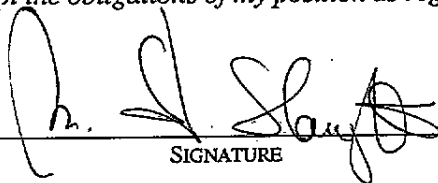
2. The name and the Florida street address of the registered agent are:

Myriam Slaughter
NAME

181 Carica Road
Florida street address (P. O. Box NOT ACCEPTABLE)

Naples, FL, 34108
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.


SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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