



L0100 0021120

ACCOUNT NO. : 072100000032

REFERENCE : 181101 80827A

AUTHORIZATION :

*Patricia Pappas*

COST LIMIT : \$ 155.00

ORDER DATE : December 6, 2001

ORDER TIME : 4:19 PM

ORDER NO. : 181101-005

CUSTOMER NO: 80827A

CUSTOMER: Ms. Nancy Proctor  
Felden & Felden

100004713581--8

Suite 416  
3838 Tamiami Trail North  
Naples, FL 34103

DOMESTIC FILING

NAME: CALI HOLDINGS, 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: Deborah Schroder - EXT. 1118

EXAMINER'S INITIALS:

01 DEC -6 PM 4:45

RECEIVED

01 DEC -6 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*101-12-21*

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

**ARTICLE I – Name:** The name of the Limited Liability Company is:

CALI HOLDINGS, LLC

**ARTICLE II – Address:** The mailing address and street address of the principal office of the Limited Liability Company is:

1786 Trade Center Way, Suite 4, Naples, Florida 34109

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's  
Signature:** The name and the Florida street address of the registered agent are:

Christian B. Felden, Esquire, 3838 Tamiami Trail N., Suite 416, Naples, Florida 34103

*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 completer 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, F.S.*



Registered Agent's Signature

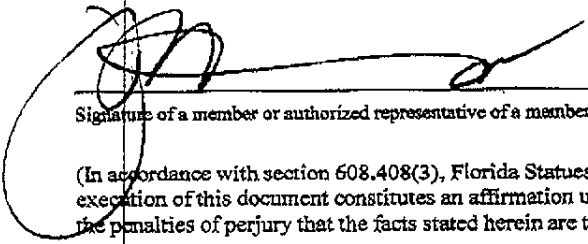
**ARTICLE IV – Management:** The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The initial Managers' and Members' names and addresses are:

James E. Jenkins, 1786 Trade Center Way, Suite 4, Naples, FL 34109

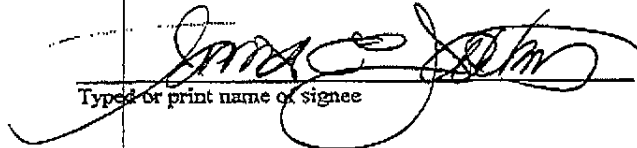
Joel Arvilla, 1786 Trade Center Way, Suite 4, Naples, FL 34109

01 DEC -6 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

  
Signature of a member or 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.)

  
Typed or print name of signee

JAMES E. JENKINS

  
Signature of a member or 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.)

JOEL W. RIZVILLA

  
Typed or print name of signeeAPPROVED  
AND  
FILED

01 DEC -6 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA