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L. SELLERS

To:

Division of Corporations

Fax Number

: (850)617-6383

APR 22 2008

EXAMINER

From:

Account Name

: SCOTT M. GRANT, P.A.

Account Number: 102603003131

Phone

: (239)649-4848

Fax Number

: (239)643-9810

ORIDA/FOREIGN LIMITED LIAB CO.

12125 Collier Blvd., LLC

Certificate of Status	<u> </u>
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2008 APR 21 AM 7: 39
SECRETARY OF STATE
TALL AHASSEF, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

12125 COLLIER BLVD., LLC

ARTICLE II ADDRESS

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

402 North Falmouth Highway North Falmouth, MA 02556

ARTICLE III DURATION

The period of duration for the Limited Liability Company shall be indefinite.

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by a Manager and the name and address of such Manager who is to serve as Manager is:

Robert F. Burke 402 North Falmouth Highway North Falmouth, MA 02556

ARTICLE V ADMISSION OF ADDITIONAL MEMBERS

Upon unanimous approval by the Members, the Company is authorized to issue additional Units in the Company and to admit Additional Members to the Company.

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ARTICLE VI MEMBERS' RIGHTS TO CONTINUE BUSINESS

The remaining members of the company shall have the right 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.

ARTICLE VII REGISTERED AGENT

The name and address of the registered agent is:

Scott M. Grant, Esq. Scott M. Grant, P.A. 3337 Tamiami Trail N. Naples, FL 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 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

SCOTT M. OKAN

These Articles are executed this 215 day of _______, 2008 by the undersigned Initial Member of 12125 COLLIER BLVD., LLC, pursuant to Section 608.408(3) of the Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

MANAGER:

CAREDTE BIDKI

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