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ACCOUNT NO. : 072100000032
REFERENCE : 684889 7133027
AUTHORIZATION : *Patricia Pignatelli*
COST LIMIT : \$ 160.00

ORDER DATE : May 3, 2000
ORDER TIME : 2:37 PM
ORDER NO. : 684889-005
CUSTOMER NO: 7133027

700003238957--2

CUSTOMER: Richard Mills, Esq
RICHARD A. MILLS III, P.A.
RICHARD A. MILLS III, P.A.

8809 Cross Landing Lane
Riverview, FL 33569

DOMESTIC FILING

NAME: EVERGLADES INVESTMENTS, L.T.C.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds
EXAMINER'S INITIALS:

RECEIVED
00 MAY -3 PM 4:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

WR 5/27
FILED
00 MAY -3 AM 8:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Everglades Investments, L.C.

ARTICLE II - Address:

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

8809 Cross Landing Lane
Riverview, FL 33569

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Ann Chalmers
Name
8809 Cross Landing Lane
Florida street address (P.O. Box NOT acceptable)
Riverview, FL 33569
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 as provided for in Chapter 608, F.S.

Ann Chalmers
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.108(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ann Chalmers
Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 MAY -3 AM 8:20

FILED