

LO1000000412



ACCOUNT NO. : 072100000032

REFERENCE : 955016 91189A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : January 5, 2001

ORDER TIME : 10:07 AM

ORDER NO. : 955016-005

CUSTOMER NO: 91189A

CUSTOMER: Thomas F. Kiesel, Esq
Thomas F. Kiesel, Esq Kiesel,
Hughes & Johnston
2121 McGregor Boulevard

200003525302-8
-01/05/01--01061--004
****125.00 ****125.00

Fort Myers, FL 33901

DOMESTIC FILING

NAME: ALICO WEST, L.L.C.

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kim Clemons - EXT. 1158

EXAMINER'S INITIALS:

Kim 115

FILED
01 JAN -5 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
01 JAN -5 AM 11:27
DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

01 JAN -5 11 2:02
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 5, 2001

KIM CLEMONS
CSC
TALLAHASSEE, FL

RESUBMIT
Please give original
submission date as file date.

SUBJECT: ALICO WEST, L.L.C.
Ref. Number: W0100000374

We have received your document for ALICO WEST, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

The R.A. -- THOMAS F. KIESEL -- must SIGN an acceptance statement.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 001A00000726

01 JAN -9 AM 10:38
RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
ALICO WEST, LIMITED LIABILITY COMPANY**

01 JAN -5 PM 2:02
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned person(s) pursuant to the provisions of the Florida Limited Liability Company Act, hereby adopt the following Articles of Organization:

FIRST: The name of the Limited Liability Company shall be Alico West, L.L.C. (hereinafter "Company").

SECOND: The period of its duration shall be perpetual.

THIRD: The mailing address and street address of the principal office is 2121 McGregor Boulevard, Fort Myers, FL 33901.

FOURTH: The name and street address of the registered agent within the State of Florida is Thomas F. Kiesel, 2121 McGregor Boulevard, Fort Myers, FL 33901.

FIFTH: The Limited Liability Company is to be **member** managed.

SIXTH: The person or persons executing these Articles of Organization is (are) a member or the authorized representative of a member of the Limited Liability Company.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization of and acknowledged them to be our act and deed this 22ND day of December, 2000.

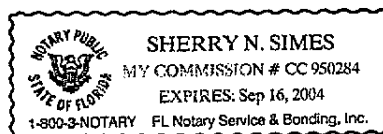
Signed: _____

Richard O. Friday

STATE OF FLORIDA)
COUNTY OF LEE)

SWORN TO and subscribed before me this 22ND day of December, 2000, by RICHARD O. FRIDAY who [] is personally known to me or who [] has produced _____ N/A as identification and who did take an oath.

Notary Public



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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: Alico West, L.L.C.
2. The name and address of the registered agent and office is:

Thomas F. Kiesel
2121 McGregor Boulevard
Fort Myers, FL 33901

01 JAN -5 PM 2:02
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.



Thomas F. Kiesel, Registered Agent