

L010000004377



ACCOUNT NO. : 072100000032

REFERENCE : 086273 82724A

AUTHORIZATION : *Patricia Piquero*

COST LIMIT : \$ 125.00

ORDER DATE : March 21, 2001

ORDER TIME : 12:37 PM

ORDER NO. : 086273-005

800003890828--3

CUSTOMER NO: 82724A

CUSTOMER: Ms. Diane Whitacre
Morrison & Conroy

3838 Tamiami Trail North
Suite 402
Naples, FL 34103-3507

DOMESTIC FILING

NAME: ALICO COMMERCIAL PARK, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jamela Abaid - EXT. 1136
EXAMINER'S INITIALS:

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2001 MAR 21 PM 1:06

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01 MAR 21 PM 3:24

FILED

LC 3/21

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: ALICO COMMERCIAL PARK, LLC

ARTICLE II - Address:

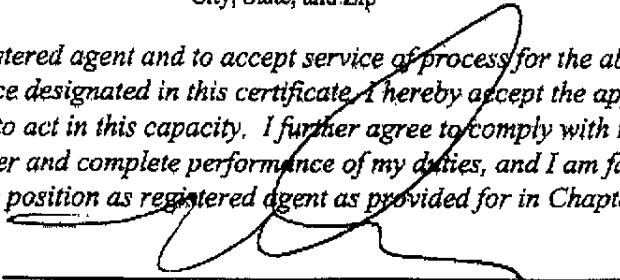
The mailing address and street address of the principal office of the Limited Liability Company is:
325 Sedgwick Court
Naples, FL 34109

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

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

MORRISON & CONROY, P.A.
Name
3838 Tamiami Trail North, Ste. 402
Florida street address (P.O. Box NOT acceptable)
Naples FL 34103
City, State, and Zip

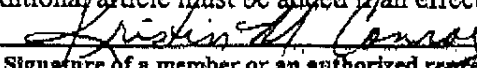
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


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)


Signature of a member or an 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.)

Kristin M. Conroy
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)

FILED
01 MAR 21 PM 3:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA