

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L0100000 D4642

Building 8, Unit A, Fountains Professional Park, LLC

0

400003910794--7

-03/27/01--01002--010

****125.00 ****125.00

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| <i>Amended</i> | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

3/26/01

Order#: 3916279

Ref#: _____

Amount: \$ _____

DEPT. OF REVENUE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

01 MAR 26 PM 3:42

RECEIVED

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

Handwritten: 327-01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:**

Building 8, Unit A, Fountains Professional Park, LLC

ARTICLE II – Address:

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

3388 Woods Edge Circle, Suite 101
Bonita Springs, FL 34134

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

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

Robert S. Bond

Name

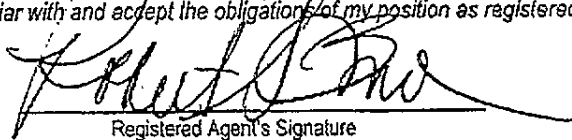
3388 Woods Edge Circle, Suite 101

Florida street address (P.O. Box NOT acceptable)

Bonita Springs, FL 34134

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

Robert S. Bond

Authorized Representative & Registered Agent

APPROVED
ANN
BOND
ASSOCIATES
01 MAR 26 AM 8:16
SOUTHERN FLORIDA
COUNTY CLERK