

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**L010000 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"/> <b>LLC</b> | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of RA       |
| <i>Amelley</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              |   |   |

01 MAR 26 AM 0:17  
SUBMITTED TO THE  
TALLAHASSEE OFFICE

APPROVED  
AMM  
PHM

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

3/26/01

Order#: 3916279

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

STATE OF FLORIDA  
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

*F. VB*  
*3-27-01*

**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:**

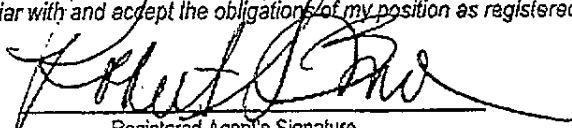
The name and the Florida street address of the registered agent are:

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 25 01:08:16  
ANN BOND ASSOCIATES