

Division of Corporations

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Florida Department of State
Division of Corporations
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Account Name : FILINGS, INC.
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LIMITED LIABILITY COMPANY**SHIPYARDS DEVELOPMENT, LLC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION
SHIPYARDS DEVELOPMENT, LLC**

In order to form a limited liability company pursuant to the Florida Limited Liability Company Act, Florida Statutes § 608.401 *et seq.* (the "Act"), the undersigned hereby executes these Articles of Organization in accordance with the provisions of Section 608.407 of the Act.

**ARTICLE I:
NAME**

The name of the Limited Liability Company is: Shipyards Development, LLC.

**ARTICLE II:
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 3200 Tamiami Trail North, Suite 200, Naples, Florida 34103.

**ARTICLE III:
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

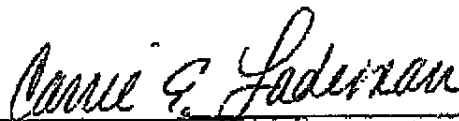
**ARTICLE IV:
MANAGEMENT**

The Limited Liability Company is to be managed by its members and the name and address of the managing member is Mark J. Woodward at 3200 Tamiami Trail North, Suite 200, Naples, Florida 34103.

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These Articles are executed this 1st day of August, 2001, by an authorized representative of the Managing Member of Shipyards Development, LLC, pursuant to the Florida Limited Liability Company Act, Florida Statute § 608.401, *et seq.* The execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Carrie E. Lademan, Authorized
Representative of the Managing Member
of Shipyards Development, LLC

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Shipyards Development, LLC.
2. The name and address of the registered agent and office is: Carrie E. Lademan, at 3200 Tamiami Trail North, Suite 200, Naples, Florida 34103.

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 provided for in Chapter 608, Florida Statutes.



Carrie E. Lademan

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