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ACCOUNT NO. : 072100000032

REFERENCE : 400158 7142288

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 125.00

ORDER DATE : August 7, 2001

ORDER TIME : 10:26 AM

ORDER NO. : 400158-005

CUSTOMER NO: 7142288

700004522727--2

CUSTOMER: Sharon Zuccaro, Esq
Windels Marx Lane Mittendorf
Llp
3461 Bonita Bay Boulevard
Suite 221
Bonita Springs, FL 34134

DOMESTIC FILING

NAME: VLDC, L.L.C.

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: Betty Young - EXT. 1112

EXAMINER'S INITIALS: *JP 8/7/01*

01 AUG - 7 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

RECEIVED
01 AUG - 7 AM 11:28
DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION FOR

VLDC, L.L.C.

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the Limited Liability Company is:

VLDC, L.L.C. hereinafter ("Company".)

ARTICLE II - ADDRESS

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

4184 Tamiami Trail North
Naples, FL, 34103

ARTICLE III - DURATION

The company shall have perpetual existence, unless the Company is earlier dissolved as provided in these Articles of Organization.

ARTICLE IV - TERMINATION OF EXISTENCE

The Company shall be dissolved upon the death, bankruptcy, retirement, insanity, resignation, expulsion or dissolution of any member or manager, or upon the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the Company is continued by the consent of all the remaining members, provided there is at least one remaining member.

ARTICLE V - ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and on such terms and conditions as shall be determined by all the members.

ARTICLE VI - MEMBERS

The names and addresses of the members of the Company are:

Vince J. LaManna
4184 Tamiami Trail North
Naples, FL 34103

Leslie A. LaManna
4184 Tamiami Trail North
Naples, FL 34103

APPROVED
AND
FILED
1 AUG - 7 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXHIBIT "A"

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

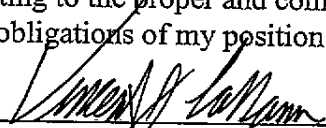
1. The name of the limited liability company is:

VLDC, L.L.C.

2. The name and the Florida street address of the registered agent is:

Vince J. LaManna
4184 Tamiami Trail North
Naples, FL 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 as registered agent.


Vince J. LaManna

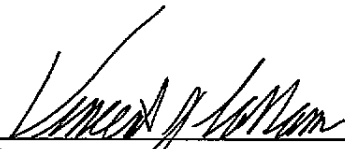
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TALLAHASSEE, FLORIDA

ARTICLE VII – REGISTERED AGENT AND OFFICE

The Certificate of Designation of Registered Agent/Registered Office for the Company is attached hereto and incorporated herein as Exhibit "A".

IN WITNESS WHEREOF, the undersigned member has made and subscribed these Articles of Organization on the 6 day of August, 2001.

MEMBER:




Vince J. LaManna

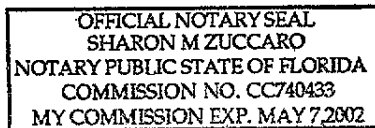
STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me this 6 day of August, 2001, by Vince J. LaManna. He is [☒] personally known to me or [☐] produced drivers' license number _____ as identification.

(SEAL)



Notary Public
Printed Name _____
Commission No. _____
My Commission expires _____



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AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA