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CUSTOMER	NO:	7314626					
CUSTOMER:	Mr. I	Robert A. S Robert A. S	Strenz Strenz		300	10049131	143
	Rr 2	Box 2115		SK			
	E. St	troüdsburg,	PA 18301	L			
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EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

bility Company is:			
L.L.C.			
et address of the princi	pal office of	the Limited Liabi	lity Company is:
NAPLES, FL 34104			OZ SE
Agent, Registered Of	fice, & Regi	istered Agent's Si	ignature:
11 641			E 1 2 1
eet address of the regis	stered agent a	are:	THE P
JOHN F	. STANLEY		E ST
Na	me		STATE FLORIDA
2660 AIRP	ORT RD. SO	ווייו	ق بالم
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NAPLES	EI	34112	
City, State			
r and complete perform	nance of my o	duties, and I am fa	miliar with and
Registere	d Agent's Sign	ature	
Company is to be mana managed company. nal article must be add Lorah W. & e of a member or an auth rdance with section 608.40	ged by one need if an effection orized represe	etive date is request entative of a member tatutes, the execution	sted)
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	et address of the principal position as registered of act in this capacity. It and complete performation as registered of the street and to accept act in this capacity. It and complete performation as registered of the position as registered of the street and to be manamanaged company. Check box if application and article must be addressed a member or an authorized action 608.40	et address of the principal office of NAPLES, FL 34104 Agent, Registered Office, & Registered Agent : JOHN F. STANLEY Name 2660 AIRPORT RD. SO Florida street address (P.O. Box NOT a NAPLES FL City, State, and Zip tered agent and to accept service of the designated in this certificate, I here of act in this capacity. I further agree of and complete performance of my position as registered agent as provident of the proposition as registered agent as provident of the standard proposition as registered agent as provident of the standard provident of the s	et address of the principal office of the Limited Liabin Naples, Fl 34104 Agent, Registered Office, & Registered Agent's Sievet address of the registered agent are: JOHN F. STANLEY Name 2660 AIRPORT RD. SOUTH Florida street address (P.O. Box NOT acceptable) NAPLES FL 34112 City, State, and Zip tered agent and to accept service of process for the able edesignated in this certificate, I hereby accept the apple act in this capacity. I further agree to comply with it is and complete performance of my duties, and I am far position as registered agent as provided for in Chapte JOHN F. STANLEY Registered Agent's Signature (Check box if applicable.) Company is to be managed by one manager or more managed company. Alalarticle must be added if an effective date is request the agent of a member or an authorized representative of a member or an a

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)

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FIGE No. 155 02/11 '02 13:39 ID:CSC TALLOHASSEE

LIMITED POWER OF ATTORNEY

The undersigned hereby dealgnates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Piorida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of ENTERPRISE PROPERTIES, LL.C. (the "LLC"), a Fiorida limited hability company, for the further purpose of filing such Articles of Organization with the State of Fforida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this // day of FEB, 200 2

Signature

ROBERT A. STREMZ

Print Name of Signer

WITNESS:

Signature

CHERI C. STREAZ

Print Name of Witness

WITNESS:

GEONLE J. BARENHOLTZ

Print Name of Witness