Division of Corporations

# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

; (850)205-0383

From:

: FARR, FARR, EMERICH, SIFRIT, HACKETT AND CARR, P.A. Account Name

Account Number : 103654001666 : (941)639-1158 Phone Fax Number : (941)639-0028

# LIMITED LIABILITY COMPANY

PALM LAND GROUP, L.C.

Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I-Name:

The name of the Limited Liability Company is:

### PALM LAND GROUP, L.C.

#### ARTICLE II - Address:

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

PALM LAND GROUP, L.C.

Mailing Address:

c/o Jack O. Hackett II, Esquire

Farr, Farr, Emerich, Sifrit, Hackett & Carr, P.A.

Post Office Drawer 511447

Punta Gorda, Florida 33951-1447

Street Address:

99 Nesbit Street

Punta Gorda, Florida 33950

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

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

Jack O. Hackett II, Esquire Farr, Farr, Emerich, Sifrit, Hackett and Carr, P.A. 115 West Olympia Avenue

Punta Gorda, Florida 33951-1447

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 dutles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter, 608, F.S.

Jack O. Hackett II, Registered Agent

### ARTICLE IV - Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager—managed company,

Richard D. Palmer, Jr., Authorized Representative of a member

Richard D. Palmer, Jr.

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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SECRETARY OF STATE TALLAHASSEE, FLORIO