

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L020000005170

Cayo Office Suites, LLC

600005043616--5
-03/05/02--01037--017
****155.00 ****155.00

Effective Date
3-1-02

Signature _____

Requested by: _____

Name SK Date 3/5/02 Time 11:30

Walk-In _____ Will Pick Up _____

- ____ Art of Inc. File
- ____ LTD Partnership File
- ____ Foreign Corp. File
- ☒ L.C. File
- ____ Fictitious Name File
- ____ Trade/Service Mark
- ____ Merger File
- ____ Art. of Amend. File
- ____ RA Resignation
- ____ Dissolution / Withdrawal
- ____ Annual Report / Reinstatement
- ☒ Cert. Copy
- ____ Photo Copy
- ____ Certificate of Good Standing
- ____ Certificate of Status
- ____ Certificate of Fictitious Name
- ____ Corp Record Search
- ____ Officer Search
- ____ Fictitious Search
- ____ Fictitious Owner Search
- ____ Vehicle Search
- ____ Driving Record
- ____ UCC 1 or 3 File
- ____ UCC 11 Search
- ____ UCC 11 Retrieval
- ____ Courier

APPROVED
AND
FILED

02 MAR -5 PM 12:30
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAR -5 AM 11:34
DIVISION OF CORPORATION

JB
3-5-02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – The name of the Limited Liability Company is:

Cayo Office Suites, LLC

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

127D Industrial Road
Big Pine Key, FL 33043

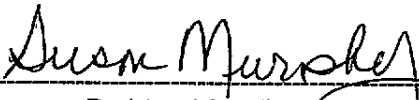
ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

Susan Murphy
127D Industrial Road
Big Pine Key, FL 33043M

02 MAR -5 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the 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

ARTICLE IV – Management (Check box if applicable)

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

ARTICLE V – Term of Existence

March 1, 2002

Susan Murphy
Mark J. Barron
Signature of a member or an authorized representative of a member

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

Susan Murphy
Typed or printed name of signee

Mark J. Barron

APPROVED
AND
FILED
02 MAR -5 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA