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Division of Corporations

Florida Department of State  
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From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG  
Account Number : I19990000180  
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LIMITED LIABILITY COMPANY

Simking Fort Myers, LLC

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

STIMKING FORT MYERS, LLC

**ARTICLE II - Address:**

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

2875 N.E. 191<sup>st</sup> Street, Suite 404  
Aventura, FL 33180**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Sanford N. Reinhard

Name

2875 N.E. 191<sup>st</sup> Street, Suite 404

Florida street address (P.O. Box NOT acceptable)

Aventura, Florida 33180

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

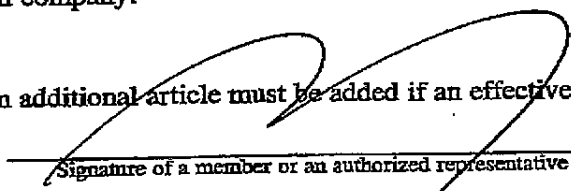
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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 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.

(An additional article must be added if an effective date is requested)

  
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.)

Sanford N. Reinhard, Authorized Agent

Typed or printed name of signer

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