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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : ARSENAULT & REARDON  
Account Number : 075350000225  
Phone : (727) 584-1199  
Fax Number : (727) 586-1071

**LIMITED LIABILITY COMPANY**

**Real Estate 4 Retirement, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION  
OF  
REAL ESTATE 4 RETIREMENT, LLC,  
a Florida Limited Liability Company

ARTICLE I  
NAME

The Name of this Limited Liability Company is REAL ESTATE 4 RETIREMENT, LLC  
(The "Company").

ARTICLE II  
ADDRESS

The mailing address and the street address of the principal office is 1901 Iowa Avenue, NE,  
St. Petersburg, FL 33703.

ARTICLE III  
DURATION

The Limited Liability Company shall begin existence on the day of filing and shall continue  
into perpetuity, or until dissolved in a manner provided by law or by the Operating Agreement  
adopted by the members of the Limited Liability Company.

ARTICLE IV  
MANAGEMENT

The Limited Liability Company is to be managed by its managers and the name and address  
of such manager(s) is/are:

Brian Storman  
1901 Iowa Avenue NE  
St. Petersburg, FL 33703

ARTICLE V  
ADMISSION OF NEW MEMBERS

Except as set forth in the Operating Agreement, 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. A member may transfer his or  
her interest in the Company as set forth in the Operating Agreement of the Company, but the  
transferee shall have no right to participate in the management of the business and affairs of the  
Company or become a member unless all of the members of the Company other than the member  
proposing to dispose of his or her interest approve of the proposed transfer by written consent.

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ARTICLE VI  
MEMBER'S RIGHT TO CONTINUE BUSINESS

The Company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on 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 majority in interest vote of all the remaining members.

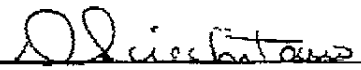
AUTHORIZED REPRESENTATIVE OF MEMBER  
REAL ESTATE 4 RETIREMENT, LLC

  
KENNETH G. ARSENAULT, JR.

STATE OF FLORIDA )  
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of Feb., 2003, by Kenneth G. Arsenault, Jr., the Authorized Representative of REAL ESTATE 4 RETIREMENT, LLC, who is personally known to me.

WITNESS WHEREOF, I have hereunto set my hand and seal in the county and state last aforesaid on the day and year first above written.

  
Notary Public  
My Commission Expires:



Dorane Scicchitano  
MY COMMISSION # CC938903 EXPIRES  
July 18, 2004  
BONDED THRU TROY FAIR INSURANCE, INC.

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## ACCEPTANCE OF REGISTERED AGENT

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:

The name of the Limited Liability Company is: REAL ESTATE 4 RETIREMENT, LLC

The name and Florida street address of the Registered Agent is:

Kenneth G. Arsenault, Jr.  
10225 Ulmerton Road, Suite 2  
Largo, FL 33771

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 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.

  
Kenneth G. Arsenault, Jr.

STATE OF FLORIDA )  
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of Feb., 2003, by Kenneth G. Arsenault, Jr., the Registered Agent, who is personally known to me or who has produced a driver's license as identification.

  
Notary Public  
My Commission Expires:



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