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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

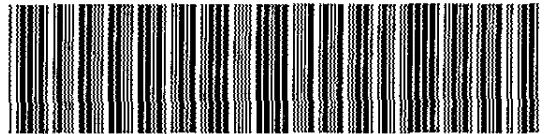
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ACCOUNT NO. : 072100000032

REFERENCE : 934229 7368083

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 125.00

ORDER DATE : February 18, 2003

ORDER TIME : 11:25 AM

ORDER NO. : 934229-001

CUSTOMER NO: 7368083

CUSTOMER: Mr. William Avery
Mr. William Avery

2200 Kingfish Road

Naples, FL 34102

DOMESTIC FILING

NAME: AVERY SERVICES ONE, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: *Sara Lea*
~~Norma Parramore~~ - EXT. 1114

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AVERY SERVICES ONE, LLC

ARTICLE II - Address:

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

3940 RADIO ROAD, SUITE 110, NAPLES, FLORIDA 34104

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

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

WILLIAM AVERY

Name

3940 RADIO ROAD, SUITE 110

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

NAPLES

FL

34104

City, State, and Zip

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.

By: WILLIAM AVERY

Registered Agent's Signature

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

Deborah D. Skipper

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.)

DEBORAH D. SKIPPER

Typed or printed name of signee

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)

MANAGING MEMBERS
OF
AVERY SERVICES ONE, LLC

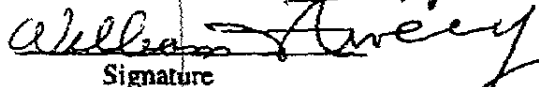
WILLIAM AVERY
3940 Radio Road
Suite 110
Naples, Florida 34104

KATHLEEN AVERY
3940 Radio Road
Suite 110
Naples, Florida 34104

LIMITED POWER OF ATTORNEY

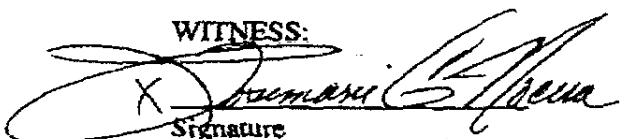
The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of AVERY SERVICES ONE, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida 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 18th day of February, 2003


Signature

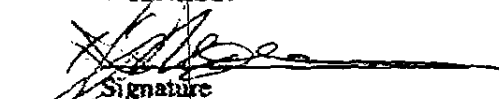
William F. AVERY
Print Name of Signer

WITNESS:

X 
Signature

Rosemarie G. Nocera
Print Name of Witness

WITNESS:

X 
Signature

John R. Nocera
Print Name of Witness