Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000101392 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.

Account Number: 075410002172 Phone

: (239)334-4121

Fax Number

: (239)334-4100

LIMITED LIABILITY COMPANY

4 ALICO COMMERCE CENTER, ,LLC

Name C O 40	
O3 AP	DCC
(1) total	res
the inter	la C
Hitestrope Secretary	DCC
P. Veniy er	DLC

Certificate of Status	0
Certified Copy	1
Page Count	43.4
Estimated Charge	\$155.00

FAX AUDIT NO .: H03000101392 6

ARTICLES OF ORGANIZATION OF 4 ALICO COMMERCE CENTER, LLC

ARTICLE I-NAME

The name of the limited liability company shall be 4 ALICO COMMERCE CENTER, LLC (the "Company").

ARTICLE II-MAILING AND STREET ADDRESS

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

10090 McGregor Boulevard Fort Myers, Florida 33919

ARTICLE III-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these. Articles and shall terminate on December 31, 2053.

ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company is:

Name Address

NEEKAYTAN SHARMA 10090 McGregor Boulevard Fort Myers, Florida 33919

ARTICLE V-PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VI-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following is the name and address of the initial Manager who shall serve as the Manager of the Company until its successor is elected and qualified:

FAX AUDIT NO.: H03000101392 6

FILED

FAX AUDIT NO .: H03000101392 6

Name

Address

NEEKAYTAN SHARMA

10090 McGregor Boulevard Fort Myers, Florida 33919

ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

IN WITNESS WHEREOF, the undersigned, being the sole Member of the Company, has executed these Articles of Organization, this _____ day of March, 2003.

SANDRA M. SHARMA IRREVOCABLE TRUST U/D/T DECEMBER 17, 2002, Sole Member

Neekaytan Sharora, Trustee

87 18

FAX AUDIT NO .: H03000101392 6

FAX AUDIT NO.: H03000101392 6

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: 4 ALICO COMMERCE CENTER, LLC.
- The name and address of the registered agent and office is:

Neekaytan Sharma 10090 McGregor Boulevard Fort Myers, Florida 33919

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.

NEEKAYTAN SHAFMA, Registered Agent

FAX AUDIT NO.: H03000101392 6