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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

GAYLORD FAMILY MANAGEMENT, L.L.C.

Certificate of Status	0
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

JB  
4-30-03

**ARTICLES OF ORGANIZATION  
OF  
GAYLORD FAMILY MANAGEMENT, L.L.C.**

The undersigned acting as organizer of GAYLORD FAMILY MANAGEMENT, L.L.C., under the Florida Limited Liability Company Act, adopts the following Articles of Organization for said limited liability company.

**ARTICLE I  
NAME**

The name of the limited liability company shall be GAYLORD FAMILY MANAGEMENT, L.L.C., (the "L.L.C.").

**ARTICLE II  
DURATION**

This L.L.C. shall exist perpetually, unless dissolved according to law or as set forth in the L.L.C.'s Operating Agreement.

**ARTICLE III  
PURPOSE**

The L.L.C. is organized pursuant to the Florida Limited Liability Company Act for the purpose of conducting any lawful activity in Florida, as more specifically set forth in the Operating Agreement, with the powers described in the Florida Limited Liability Company Act and as set forth in the L.L.C.'s Operating Agreement.

**ARTICLE IV  
BUSINESS ADDRESS/MAILING ADDRESS**

The address of the place of business in this State of the L.L.C. shall be 2850 North Gulf Shore Boulevard, #208, Naples, Florida 34103. The mailing address of the L.L.C. shall be 2850 North Gulf Shore Boulevard, #208, Naples, Florida 34103.

Prepared by:  
Kent A. Skrivan, Esq.  
BUTZEL LONG, P.C.  
801 Laurel Oak Drive, Ste. 705  
Naples, Florida 34108  
(239) 597-4500  
Bar #0893552

ARTICLE V  
REGISTERED AGENT

The name and address of the L.L.C.'s initial registered agent and registered office is Kent A. Skrivan, Esq., Butzel Long, 801 Laurel Oak Drive, Suite 705, Naples, Florida 34108.

ARTICLE VI  
ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted to the L.L.C. upon the consent of and approval of the manager and then only upon the condition that a new member be bound by and become a party to the Operating Agreement of the L.L.C.

ARTICLE VII  
DISSOLUTION, CONTINUATION

The members shall have the right to continue the L.L.C. upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the membership of a member in the L.L.C. as provided in the Operating Agreement.

ARTICLE VIII  
MANAGEMENT

The L.L.C. is to be managed by a Manager or Managers. The name and address of the initial Manager of the L.L.C. which shall serve as Manager until a successor is elected and qualified is:

Robert M. Gaylord  
2850 North Gulf Shore Boulevard, #208  
Naples, Florida 34103

A manager may be removed and replaced by the members, as provided in the Operating Agreement of the L.L.C.

ARTICLE IX  
ADDITIONAL PROVISIONS

(a) Members of the L.L.C. shall be entitled to vote on matters relating to the L.L.C. as set forth in the Operating Agreement of the L.L.C.

(b) The effective date of this limited liability company shall be upon filing.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed this 24<sup>th</sup> day of APRIL, 2003.

By: Robert M. Gaylord  
Robert M. Gaylord, Member

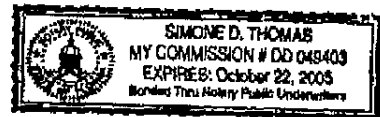
In accordance with Section 608.408(3), Florida Statutes the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

AND  
FILED  
03 APR 30 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA            )  
                                  ) ss.  
COUNTY OF COLLIER        )

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized to take acknowledgments, personally appeared Robert M. Gaylord, to me known to be the person described in and who executed the foregoing Articles of Organization of GAYLORD FAMILY MANAGEMENT, L.L.C. Robert M. Gaylord is / personally known to me or has produced \_\_\_\_\_ as identification.

WITNESS my hand and official seal in the County and State named above, this 24 day of APRIL, 2003.



A handwritten signature in cursive script, appearing to read 'Simone D. Thomas', written over a horizontal line.

Notary Public  
My Commission Expires:

APPROVED  
AND  
FILED  
03 APR 30 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/RESISTERED OFFICE**

In compliance with Section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered agent/registered office, in the State of Florida:

1. The name of the Limited Liability Company is GAYLORD FAMILY MANAGEMENT, L.L.C.

2. The name and address of the registered agent and registered office is:

Kent A. Skrivan, Esq.  
BUTZEL LONG  
801 Laurel Oak Drive, Suite 801  
Naples, Florida 34108  
(239) 597-4500

By: *Robert M. Gaylord*  
Robert M. Gaylord, Organizer

**ACCEPTANCE:**

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 relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

*Kent A. Skrivan*  
KENT A. SKRIVAN