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Pat Naldrett-Bilodeau 4425 Gulf of Mexico Drive Longboat Key, Florida 34228 941.387.8963

October 9, 2003

Ref: Forms for A Florida Limited Liability Company

Please find the enclosed forms to form a Florida Limited Liability Company pursuant to Chapter 608, Florida Statutes.

Name of Limited Liability Company shall be as follows:

Pat Naldrett-Bilodeau CAM, CMCA Licensed Real Estate Broker, LLC

Phone Number:

941.387.8963 Home 941.685.0500 Cell Number for new office not established yet, waiting for CO Expected date November 30, 2003

Mailing and Street Address:

P.O. Box 515 Anna Maria, FL 34216

117 3rd Street South Anna Maria, FL 34217

Name and Street Address of company's registered agent.

Dana J. Watts, Certified Circuit Court Mediator 1620 Main Street Suite 1 Sarasota, Florida 34236-5811

If you have any questions please call my cell phone.

Best Regards,

TRANSMITTAL LETTER

Registration Section

TO:

409 E. Gaines Street Tallahassee, Florida 32399

. Division of Corporations	
SUBJECT: ALDRETT- (Name of Limit	BILODEAN LICENSED REALESTATE Brown and Liability Company)
The enclosed Articles of Organization and fee	e(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
TAT NALDRETT-BILDI (Name of Person)	SEX U
PAT NALDRETT-BILODEAU (Firm/Company) CAM,	cinca) Licensed Teal Cstate Broker L
P.O. Box SIS (Address)	
1 . /	1216
For further information concerning this matter	, please call:
TAT NALDRETT- DILODENU (Name of Person)	at (941) 685.0500 (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is: PAT Licensi	NALDRET ED REAL	T. BILODEN ESTATE E	u CNA Sroke
ARTICLE II - Address: The mailing address and street address of the	_	•		
Principal Office Address: 117 3rd St. S. Bradenton Beach FL 3/217		Mailing Addre	ss: Box 515 Maria, Fi	(34a
The name and the Florida street address of the NA . Name of the Plorida street address of the NA . Name of the Plorida street address of the NA . Name of the Plorida street address of the NA . Name of the Plorida street address of the NA . Name of the Plorida street address of the NA . Name of the Plorida street address of the NA . City, State of the NA . City, State of the Plorida street address of the NA . Name of the Plorida street address of the NA . Name of the Plorida street address of the NA . Name of the Plorida street address of the NA . Name of the Plorida street address of the NA . Name of the Plorida street address of the NA . Name of the Plorida street address of the NA . Name of the Plorida street address of the NA . Name of the Plorida street address of the NA . Name of the Plorida street address of the Plorida street address of the NA . Name of the Plorida street address of the Plorida str	ne registered Datts me St. St. St. NOT	agent are:	gent's Signature: 03 OCT 13 AM 10: 13	
Having been named as registered agent and t	o accept serv	vice of process <u>f</u> e	or the above stated	limited

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

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	TAT B. NALDRETT-BILODEAU	•
	Anna Maria, FL 34216	
	03 ALL	
	OC HASSEE	
	AFIGURE 13	
(Use attachment if necessary) NOTE: An additional article must	be added if an effective date is requested.	

REQUIRED SIGNATURE:

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.)

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)