

Nov. 5. 2003 12:42 PM (239) 643-9810

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From:

Account Name : SCOTT M. GRANT, P.A.
Account Number : 102603003131
Phone : (239) 649-4848
Fax Number : (239) 643-9810

LIMITED LIABILITY COMPANY

PRINCETON PLACE, L.L.C.

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
NAME

The name of the Limited Liability Company is:

PRINCETON PLACE, L.L.C.

ARTICLE II
ADDRESS

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

435 Dockside Drive, #401
Naples, FL 34110

ARTICLE III
DURATION

The period of duration for the Limited Liability Company shall be indefinite.

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by Managing Members and the names and addresses of such Managing Members who are to serve are:

Bridgette Foster
435 Dockside Drive, #401
Naples, FL 34110

Eugene Foster
435 Dockside Drive, #401
Naples, FL 34110

ARTICLE V
ADMISSION OF ADDITIONAL MEMBERS

Upon approval by 100% of the Members, the Company is authorized to issue additional Units in the Company and to admit Additional Members to the Company.

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ARTICLE VI
MEMBERS' RIGHTS TO CONTINUE BUSINESS

The remaining members of the company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

These Articles are executed this 3rd day of November, 2003 by the undersigned Initial Members of PRINCETON PLACE, L.L.C., pursuant to the Florida Limited Liability Company Act, Florida Statute Sections 608.401 et. seq.

MEMBERS:

John R. Wood, a Florida Corporation

By: John R. Wood

Its: President

Bridgette C. Foster
Bridgette Foster

Eugene A. Foster
Eugene Foster

MANAGING MEMBERS:

Bridgette C. Foster
Bridgette Foster

Eugene A. Foster
Eugene Foster

Attest:

Bridgette C. Foster
Secretary

Attest:

Bridgette C. Foster
Secretary

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 PR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:

PRINCETON PLACE, L.L.C.

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

Scott M. Grant, Esq.
Scott M. Grant, P.A.
3337 Tamiami Trail N.
Naples, FL 34103-4165

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.


Signature of Registered Agent

Date: 11/3/03

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