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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : knott, Consoer, Ebelini, Hart, & Swett, P.A.
Account Number : 072100000455
Phone : (239)334-2722
Fax Number : (239)334-2801

04 JAN 13 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FL 32309

LIMITED LIABILITY COMPANY

Thomas P. Cullen, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name

The name of the limited liability company is: Thomas P. Cullen, LLC

ARTICLE II

Address

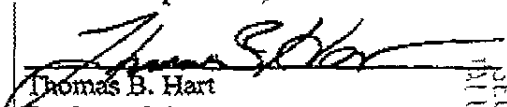
The mailing address and street address of the principal office of the limited liability company is: 1687 Inlet Drive, North Fort Myers, Florida 33903.

ARTICLE III

**Registered Agent, Registered Office
and Registered Agent's Signature**

The name and the Florida street address of the registered agent are: Thomas B. Hart, Knott, Consoer, Ebelini, Hart & Swett, P.A., 1625 Hendry Street, Suite 301, Fort Myers, Florida 33901.

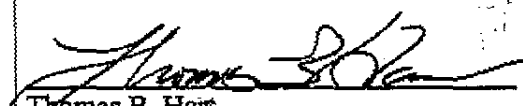
Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


Thomas B. Hart
Registered Agent

ARTICLE IV

Management

The limited liability company is to be managed by its members, and is, therefore, a member-managed company.


Thomas B. Hart
Authorized Representative

(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.)

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AND
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