

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Condo Care of Naples Florida L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick L. Scherer
(Name of Person)

Condo Care of Naples Florida
(Firm/Company)

4309 27th court S.W. UNIT 202
(Address)

Naples Florida 34116
(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick L. Scherer at (239) 353 6462
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 14 AM 11:20

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Condo Care of Naples Florida LLC

ARTICLE II - Address:

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

Principal Office Address:

4309 27th CT S.W.

UNIT 202

Naples FL 34116

Mailing Address:

4309 27th CT S.W.

UNIT 202

Naples FL 34116

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Patrick L. Scherer

Name

4309 27th CT S.W., UNIT 202

Florida street address (P.O. Box **NOT** acceptable)

Naples

FLORIDA

34116

City, State, and Zip

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, Florida Statutes.

Patrick L. Scherer
Registered Agent's Signature

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DIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

M G R M

Name and Address:

Patrick L. Scherer
4309 27th CT. S.W UNIT 202
Naples Florida 34116

(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.)

Patrick L. Scherer

Typed or printed name of signee

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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)