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MJH

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

From:  
Account Name : FLORIDA INCORPORATORS, INC.  
Account Number : 075350000473  
Phone : (305) 379-7907  
Fax Number : (305) 402-3141

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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**LIMITED LIABILITY COMPANY**

**SkyLan SWFL, LLC**

DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION FOR

SkyLan SWFL, LLC

A FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

SkyLan SWFL, LLC

ARTICLE II - Mailing and Street Address:

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

SkyLan SWFL, LLC  
5961 Sea Grass Lane  
Naples, FL 34116

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

30 years

FLORIDA INCORPORATORS, INC.  
8875 Hidden River Pkwy, Ste 300 1  
Tampa, FL 33637  
(813) 632-7882

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The remaining members 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 upon the majority vote of the remaining members.

**ARTICLE VII - Registered Agent:**


The initial registered agent and registered office of the limited liability company shall be:

Anthony Glenn Simpson  
5961 Sea Grass Lane  
Naples, FL 34116

**ARTICLE VIII - Effective Date:**

The Effective Date of the Limited Liability Company Shall Be January 19, 2004

DATED: January 19, 2004.

  
Anthony Glenn Simpson  
Authorized Representative

**ACCEPTANCE OF REGISTERED AGENT**

I hereby declare I am familiar with and accept the duties and responsibilities as registered agent of the limited liability company

  
Anthony Glenn Simpson