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ALIMAGES TABLES

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# TRANSMITTAL LETTER

Division of Corporations					
SUBJECT: Terra Firma Holdings, LLC					
	of Limited Liability Compa	ny)	*		
The enclosed Articles of Organization and fee	e(s) are submitted for filing	;.			
Please return all corr	espondence concerning this	s matter to the following:			
Mark J. Clements					
	(Name of Person)		_		
Тегга Firma Holdings, LLC					
	(Firm/Company)		<del></del>		
16014 Royal Aberdeen Place					
	(Address)			H40-	
Odessa, Florida 33556			ZE SE	Marie /	
***************************************	(City/State and Zip Code)				
For further information concerning this matter	r, please cali:		SSEE, PL	20 20 20 20 E	
Mark J. Clements	at ( 813 )	334-7916	PLONIDA	ř.3	
(Name of Person)		& Daytime Telephone Number)	\$::	CT G	

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

TO:

Registration Section

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:		
Terra Firma Holdings, LLC			
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is		
Principal Office Address:	Mailing Address:		
17598 Rockefeller Circle, Suite 201	17598 Rockefeller Circle, Suite 201		
Ft. Myers, Florida 33912	Ft. Myers, Florida 33912		
The name and the Florida street address of the Mark J. Clements	LAHASSEE C		
16014 Royal Aberdeen Pla	<u>ශය රුදි ලි</u>		
riorida street address	(P.O. Box NOT acceptable)		
Odessa	FLORIDA 33556		
City, Sta	ate, 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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Tide:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGRM	Wesley W. Morgan		
	17598 Rockefeller Circle, Suite 201		
	Ft. Myers, Florida 33912		
MGR	Michael R. Sheeks		
	1660 Sparkling Court	the part of the pa	
	Dunedin, FLorida 34698		
		<del></del>	
(Use attachment if necessary)			
NOTE: An additional article mu	et he added if an affective date is magnete	اند	
NOTE: All additional article mu	st be added if an effective date is requeste		
REQUIRED SIGNATURE:	11/	<b>E</b> 0 -	
		SSA ASS	<b></b> -,
Signature of a member of	r an authorized representative of a member.	Mar o	5
(In accordance with section of this document constitute that the facts stated herein	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	CHIZ: 53	J
Mark	J. Chemen 13	¥" (3	

- 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)