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LIMITED LIABILITY COMPANY

Blue Heron Pool, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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2-11-04

**ARTICLES OF ORGANIZATION
OF
Blue Heron Pool, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Blue Heron Pool, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 25 Mentor Drive, Naples, Florida 34110.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: George Goges, 25 Mentor Drive, Naples, Florida 34110. Located in the County of Collier.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

George Goges, 25 Mentor Drive, Naples, Florida 34110

APPROVED
AND
FILED
04 FEB 10 4:11:10
CLERK OF DISTRICT COURT
ALL SALES ARE BY ORDER


Business Filings Incorporated, Organizer
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

FAX AUDIT # 1104000029533

CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Blue Heron Pool, LLC**

The name and address of the registered agent and office is: **George Goges, 25 Mentor
Drive, Naples, Florida 34110. Located in the County of Collier.**

Having been named as registered agent and to accept service of process for the above
stated 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: George Goges
George Goges

Date: February 3, 2004

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SECTION 608.415
FALL 2003

FAX AUDIT # 4040000295393