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BK

STATE
REGISTRARS
TALLAHASSEE, FLORIDA

04 FEB 19 AM 11:50

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 FEB 19 PM 5:05

FILED



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

FILED
04 FEB 19 9 15 AM '05
RECEIVED
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

February 19, 2004

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: 4541 SOUTWINDS II, LLC
Ref. Number: W04000007222

We have received your document for 4541 SOUTWINDS II, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

Please examine the address in Article IV.

Is this a complete address? Isn't there a street or road or something involved? Is the city correct? Is it supposed to be SANDESTIN? Is the zipcode correct?,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 804A00011477

*This is the
Complete and
Correct Address*

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

ARTICLES OF ORGANIZATION
4541 SOUTHWINDS II, LLC

The undersigned subscriber hereby forms a limited liability company under the laws of the State of Florida, Florida Statutes, Chapter 608 as follows:

FILED
04 FEB 09 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I
NAME

The name of this limited liability company shall be 4541 SOUTHWINDS II, LLC.

ARTICLE II
DURATION

This limited liability company shall exist no longer than thirty (30) years from the date of filing with the Department of State.

ARTICLE III
PURPOSE AND POWERS

This limited liability company is organized for the purpose of conducting any and all lawful business not in conflict with the Statutes of the State of Florida. This limited liability company shall have all powers enumerated in Chapter 608 mentioned above.

ARTICLE IV
PRINCIPAL OFFICE AND MAILING ADDRESS

The principal place of business of the limited liability company is at Unit 4541 Southwinds II, Destin, Florida, 32541. The mailing address of the limited liability company is Unit 4541 Southwinds II, Destin, Florida, 32541.

ARTICLE V
INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this limited liability company is 4 Eleventh Avenue, Suite One, Shalimar, Florida 32579 and the name of the initial registered agent at that address is DANIEL C. PERRI.

ARTICLE VI
CAPITAL

The capital of the limited liability company that will be contributed shall be the sum of One Thousand Dollars (\$1,000.00).

ARTICLE VII
MANAGEMENT

The name and address of the manager of the limited liability company is as follows:

Michael P. Estivo
12711 East Killarney
Wichita, Kansas 67206

Management shall be by all persons or authorized representatives thereof above named, with majority vote controlling.

ARTICLE VIII
INITIAL MEMBERS

The names and addresses of the initial members of this limited liability company is as follows:

Michael P. Estivo
12711 East Killarney
Wichita, Kansas 67206

Barbara S. Estivo
1505 North Linden Court
Wichita, Kansas 67206

ARTICLE IX
ADDITIONAL MEMBERS

The members of the limited liability company shall have the right to admit additional members upon unanimous written consent of all the members of the company existing at that time.

ARTICLE X
DISSOLUTION

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of any member of this limited liability company or the occurrence of any other event which terminates the continued membership of a member of the limited liability company, the limited liability company shall be terminated unless the business is continued by the consent of all remaining members.

ARTICLE XI
TRANSFER OF INTEREST

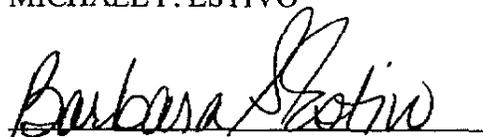
A member may transfer that member's right to receive shares of profits and returns of capital contributions, but may not assign any of the rights to participate in the management or to be a member of the limited liability company unless prior written consent is obtained by the transfer or from all remaining members.

IN WITNESS WHEREOF, the undersigned, being the members hereinbefore named, have hereunto set their hand and seal on this the 29th day of JANUARY, 2004, for the purpose of forming a limited liability company to do business both within and without the State of Florida and do make and file in the Office of the Secretary of State of Florida these Articles of Organization and certify that the facts herein stated above are true.

MEMBERS:



MICHAEL P. ESTIVO

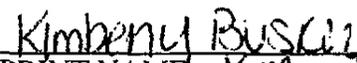


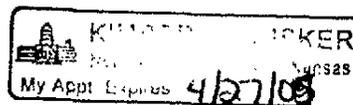
BARBARA S. ESTIVO

STATE OF KANSAS
COUNTY OF SEDGWICK

The foregoing instrument was executed and acknowledged before me this 29th day of JANUARY, 2004, by **Michael P. Estivo**, who personally appeared and who produced a driver's license as identification and who did not take an oath.

WITNESS my hand and official seal in the State and County last aforesaid this 29th day of JANUARY, 2004.


PRINT NAME: Kimberly Busciz
Notary Public
My commission expires: 4/27/05

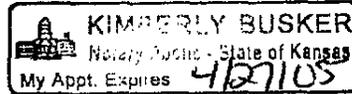


STATE OF KANSAS
COUNTY OF SEDGWICK

The foregoing instrument was executed and acknowledged before me this 27th day of January, 2004, by **Barbara S. Estivo**, who personally appeared and who produced a driver's license as identification and who did not take an oath.

WITNESS my hand and official seal in the State and County last aforesaid this 27th day of January, 2004.

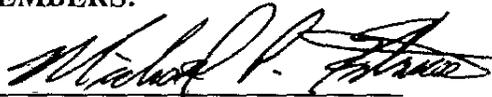
Kimberly Busker
PRINT NAME: Kimberly Busker
Notary Public
My commission expires: 4/27/05



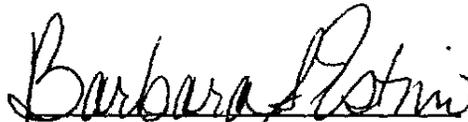
**CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED**

Pursuant to Section 608.415, Florida Statutes, the following is submitted: 4541 SOUTHWINDS II, LLC, desiring to organize under the laws of the State of Florida with its principal place of business at Unit 4541 Southwinds II, Destin, Florida, 32541, has named **Daniel C. Perri** as its agent to accept service of process within the State of Florida and whose address is 4 Eleventh Avenue, Suite One, Shalimar, Florida 32579.

MEMBERS:

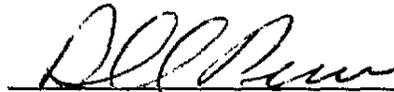


MICHAEL P. ESTIVO



BARBARA S. ESTIVO

Having been named to accept service of process for the above named corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all Florida Statutes relative to the proper and complete performance of my duties.



DANIEL C. PERRI
Registered Agent