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Division of Corporations

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Account Name

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Phone

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## LIMITED LIABILITY COMPANY

## FAMILY OFFICE SYNERGIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01

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CUMMINGS LOCKWOOD

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

#### FAMILY OFFICE SYNERGIES LLC

ARTICLE I Name

The name of this Limited Liability Company is FAMILY OFFICE SYNERGIES LLC (the "Company").

ARTICLE II
Address

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

1940 Tarpon Road Naples, Florida 34102

ARTICLE III
Registered Office and Agent

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

Gail Neuharth 1940 Tarpon Road Naples, Florida 34102

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, F.S.

Registered Agent

Gail Neuharth

Prepared by Scott W. Duval, Esq. Cummings & Lockwood P. O. Box 413032 Naples, FL 34101 239.262.8311 Florida Bar No. 0425885 CUMMINGS LOCKWOOD

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### ARTICLE IV Duration

The period of duration for the Company is perpetual.

### ARTICLE V Management

The Company is to be managed by one or more managers. The name and address of the initial manager of the Company is as follows:

Gail Neuharth 1940 Tarpon Road Naples, Florida 34102

Dated this  $/3^{\frac{11}{12}}$  day of /3, 2004.

Gail Neuharth

(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.)

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