

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000118000 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:
Account Name: CUMMINGS & LOCKWOOD
Account Number: 102336001100

Account Number: 102336001100

Phone: (239)649-3186

Fax Number: (239)263-0703

LIMITED LIABILITY COMPANY

E & M PROPERTIES OF SOUTHWEST FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
	-

04 JUN-2 科 9:5;

06/02/2004 14:53 FAX 2392630703 Division of Corporations CUMMINGS LOCKWOOD

2002 Page 2 of 2

Estimated Charge

\$125.00

Electronic Filing Menth

Concorate Filing

Public Access Heigh

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

E & M PROPERTIES OF SOUTHWEST FLORIDA, LLC

ARTICLE I Name

The name of this Limited Liability Company is E & M PROPERTIES OF SOUTHWEST FLORIDA, LLC (the "Company").

ARTICLE II Address

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

19530 Devonwood Circle Ft. Myers, Florida 33912

ARTICLE III Registered Office and Agent

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

CLASP Inc.
3001 Tamiami Trail North, 4th Floor
Naples, Florida 34103

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

CLASP Inc. Registered Agent

Scott W. Duval, Vice President

N-2 AM 9:52

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

H04000118000 3

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 members. The name and address of the initial member of the Company is as follows:

Steven Ershowsky 19530 Devonwood Circle Ft. Myers, Florida 33912

Dated this Zed day of June, 2004.

Scott W. Duval, authorized agent

(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.)

.Np1Lib1:536023.1 06/02/04

SECRETARY OF STATE
DIVISION OF CORPORATIONS

OF THE STATE OF STATE

OF THE STATE OF STATE

OF THE STATE OF STATE

OF STATE OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF