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COSTELLO & JOHNSON

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Division of Corporations

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Fax Number : (850) 205-0383

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Account Name : TRUMAN J. COSTELLO, P.A.
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Phone : (850) 939-2222
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

FL Gulfcoast Partners, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION OF FL GULFCOAST PARTNERS, LLC

The undersigned, being authorized to execute and file these articles, hereby certifies that:

ARTICLE I - Name:

The name of the Limited Liability Company is: FL Gulfcoast Partners, LLC

ARTICLE II - Address

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

12803 Vista Pines Circle, Fort Myers, FL 33913

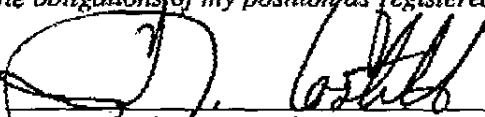
ARTICLE III -

Registered Agent, Registered Office &
Registered Agent's Signature:

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

Truman J. Costello, esquire
12670 New Brittany Blvd., Suite 101
Fort Myers, FL 33907

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..


Truman J. Costello, registered agent


Truman J. Costello, authorized representative

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