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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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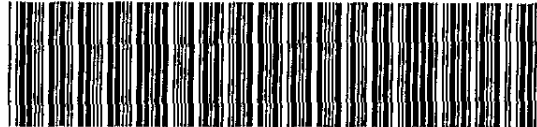
(Business Entity Name)

(Document Number)

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2004 JUL 22 PM 3:01
TALLAHASSEE, FLORIDA
CORPORATIONS

J. BRYAN JUL 23 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gardenia Place LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carla Hennings
(Name of Person)

(Firm/Company)

11910 Cypress Links Dr
(Address)

Fort Myers, FL 33913
(City/State and Zip Code)

For further information concerning this matter, please call:

Carla Hennings at (239) 462-4088
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2004 JUL 22 PM 3:01
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

2004 JUL 22 PM 3:01
FILED
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gardenia Place LLC

ARTICLE II - Address:

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

Principal Office Address:

187 Gardenia Street

Tavernier, FL 33070

Mailing Address:

11910 Cypress Links dr

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:

Carla Hennings

Name

11910 Cypress Links Dr


Florida street address (P.O. Box **NOT** acceptable)

Fort Myers

FLORIDA 33913

City, State, and Zip

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, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Paula Wolgast-Shea

2309 Ohbah Nene

Tallahassee, FL 23399

Ivar Hennings MGRM

11910 Cyress Links Dr

Fort Myers, FL 33913

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(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.)

Ivar Hennings

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
2004 JUL 22 PM 3:01
TALLAHASSEE, FLORIDA