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**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) — (850) 222-1666 or (800) 969-1666, Fax (850) 222-1666

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1.) Pro L.L.C.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

ARTICLES OF ORGANIZATION OF PRO L.L.C.

Pursuant to Florida Statute 608.407, Florida Statutes, the following are Articles of Organization for PRO L.L.C., a Florida limited liability company;

ARTICLE I

The name of the limited liability company is: PRO L.L.C.

ARTICLE II

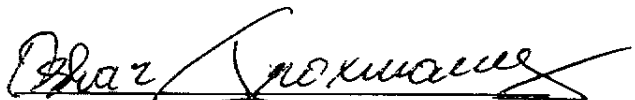
The mailing address and street address of the principal office of the limited liability company is: PRO L.L.C., c/o Mr. James (Skip) Mufalli, 11050 Summerlin Square Drive, Fort Myers Beach, FL 33931.

ARTICLE III

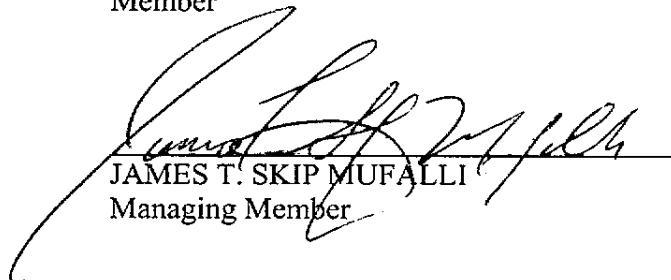
The name and street address of its initial registered agent in the state of Florida are: James T. (Skip) Mufalli, c/o Century 21 Sun State Realty, Inc., 11050 Summerlin Square Drive, Fort Myers Beach, FL 33931

ARTICLE IV

This limited liability company is to be managed by a manager and the name and address of such manager is: James T. (Skip) Mufalli, 11050 Summerlin Square Drive, Fort Myers Beach, FL 33931, until the first annual meeting of the members or until his successor is elected and qualified.



OSKAR PRAXMARER
Member



JAMES T. SKIP MUFALLI
Managing Member

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF LEE

Before me this day personally appeared OSKAR PRAXMARER, Member and JAMES T. (SKIP) MUFALLI, Managing Member, of PRO L.L.C. who acknowledged before me that they executed the foregoing for the purposes therein expressed on this 2nd day of August, 2004 and they were personally known to me or they produced _____ for identification.

Signature of Notary: Linda M. Villines
Print/type Name of Notary: LINDA M. VILLINES
My Commission Number: _____
My Commission Expires: 7/21/08



Linda M. Villines
My Commission DDS38673
Expires July 21, 2008

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED
OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 808.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS
THE FOLLOWING STATEMENT TO DISIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: PRO L.L.C.
2. The name and the Florida state address of the registered agent are:

James T. (Skip) Mufalli
c/o Century 21 Sun State Realty
11050 Summerlin Square Drive
Fort Myers Beach, FL 33931

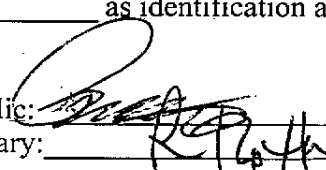

OSKAR PRAXMARER

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.


JAMES T. (SKIP) MUFALLI

STATE OF FLORIDA
COUNTY OF LEE

Execution of the foregoing instrument was acknowledged before me this 2
day of August, 2004, by OSKAR PRAXMARER and JAMES T. (SKIP)
MUFALLI who are personally known to me or who has produced
_____ as identification and who did _____ or did not
_____ take an oath.

Signature of Notary Public: 
Print/Type Name of Notary: _____
Commission Number: _____
Commission Exp. Date: 2/7/06

