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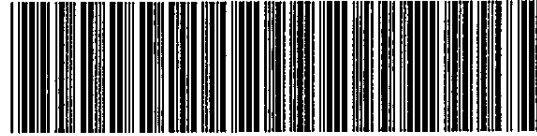
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1.) 9734 CCC L.L.C.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

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ARTICLES OF ORGANIZATION OF 9734 CCC L.L.C..

Pursuant to Florida Statute 608.407, Florida Statutes, the following are Articles of Organization for 9734 CCC L.L.C., a Florida limited liability company;

ARTICLE I

The name of the limited liability company is: 9734 CCC L.L.C.

ARTICLE II

The mailing address and street address of the principal office of the limited liability company is: 9734 CCC L.L.C., c/o Gary F. Wallace, 13450 Coral Dr., S.W., Fort Myers, FL 33908.

ARTICLE III

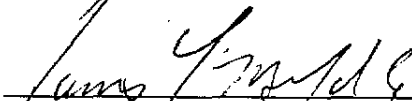
The name and street address of its initial registered agent in the state of Florida are: Gary F. Wallace, 13450 Coral Dr., S.W., Fort Myers, FL 33908.

ARTICLE IV

This limited liability company is to be managed by a manager and the name and address of such manager is: Gary F. Wallace, 13450 Coral Dr., S.W., Fort Myers, FL 33908, until the first annual meeting of the members or until his successor is elected and qualified.



GARY F. WALLACE
Managing Member



JAMES T. SKIP MUFALLI
Member



J. DONALD SIZELOVE
Member

STATE OF FLORIDA

COUNTY OF LEE

Before me this day personally appeared GARY F. WALLACE, Managing Member, JAMES T. (SKIP) MUFALLI, Member, and J. DONALD SIZELOVE, Member, of 9734 CCC L.L.C. who acknowledged before me that they executed the foregoing for the purposes therein expressed on this 17 day of November, 2004 and they were personally known to me or they produced _____ for identification.

Signature of Notary: Sherry J Bryant
Print/type Name of Notary: Sherry J. Bryant
My Commission Number: _____
My Commission Expires: _____



Sherry J Bryant
My Commission DD216745
Expires May 26, 2007

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: 9734 CCC L.L.C.
2. The name and the Florida state address of the registered agent are:

Gary F. Wallace
13450 Coral Dr., S.W.
Fort Myers, FL 33908


GARY F. WALLACE


JAMES T. "SKIP" MUFALLI


J. DONALD SIZELOVE

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.


GARY F. WALLACE

STATE OF FLORIDA
COUNTY OF LEE

Execution of the foregoing instrument was acknowledged before me this 17
day of November, 2004, by GARY F. WALLACE, JAMES T. (SKIP)
MUFALLI and J. DONALD SIZELOVE, 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: Sherry J Bryant
Print/Type Name of Notary: Sherry J. Bryant
Commission Number: _____
Commission Exp. Date: _____

