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11/29/04 -- 11:10:24 -- 11:13 -- **155.10

DIVISION OF REGISTRATION

04 NOV 29 PM 9 29

SECTION OF REGISTRATION
TALLAHASSEE, FLORIDA

04 NOV 29 AM 10:24

FILED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Smithers Land L.L.C.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☒ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☒ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☐ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

Signature _____

Requested by: *WC*

Name _____

Date *11/29*

Time *9:00*

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION
FOR FLORIDA
LIMITED LIABILITY COMPANY

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04 NOV 29 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Each undersigned, for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, does hereby certify as follows:

ARTICLE I - NAME

The name of the Limited Liability Company is SMITHERS LAND
L.L.C. ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is: 2151 Wells Ave., Sarasota, FL 34232.

ARTICLE III - DURATION

The existence of the Company shall commence upon the date of execution of this instrument, which shall be within five (5) business days prior to filing hereof. The period of duration for the Company shall be: perpetual.

ARTICLE IV - REGISTERED AGENT AND OFFICE

The name and street address of Company's initial registered office in the state is:
Robert Smithers, 2151 Wells Ave., Sarasota, FL 34232.

ARTICLE V - MANAGEMENT

The Company is to be managed by one or more members, and the name and address of each is:

Robert Smithers, 2151 Wells Ave., Sarasota, FL 34232

Jason Smithers, 7236 Shepherd St, Sarasota, FL 34243

Joshua Smithers, 4607 Noble Place, Parrish, FL 34219

Kristen Rountree, 1666 Boca Chica Ave., North Port, FL 34286

ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS


The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: No additional member(s) shall be admitted to the Company without written consent of all members of the Company and on such terms and

conditions as shall be determined by all members, except as otherwise provided in the Company's regulations initially executed by all members.

ARTICLE VII - MEMBERS RIGHTS TO CONTINUE BUSINESS

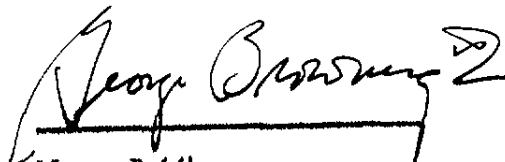
The right, if given, of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company shall be: The business of the Company may be continued only by written consent of all remaining members, except as otherwise provided in the Company's regulations initially executed by all members.

IN WITNESS WHEREOF, the undersigned executed this instrument affirming under penalties of perjury that the facts stated herein are true on November 24, 2004.


Robert Smithers
As Member

STATE OF FLORIDA
COUNTY OF SARASOTA

SWORN TO and subscribed before me this 24 day of November, 2004, by Robert Smithers, who is personally known to me or who has produced _____ as identification.


Notary Public

My Commission Expires:



George Browning, III.
MY COMMISSION # CC991231 EXPIRES
April 30, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

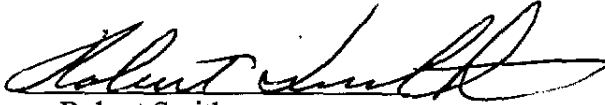
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: SMITHERS LAND, L.L.C.
2. The name and address of the registered agent and office is: Robert Smithers, 2151 Wells Ave., Sarasota, FL 34232

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.

DATED this 24 day of November, 2004.


Robert Smithers