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From: Account Name : FILINGS, INC.
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LIMITED LIABILITY COMPANY

EYES OF THE EVERGLADES, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION
OF
Eyes of the Everglades, LLC**

In order to form a limited liability company pursuant to the Florida Limited Liability Company Act, Florida Statutes § 608.401 *et seq.* (the "Act"), the undersigned hereby executes these Articles of Organization in accordance with the provisions of Section 608.407 of the Act.

**ARTICLE I:
NAME**

The name of the Limited Liability Company is: Eyes of the Everglades, LLC.

**ARTICLE II:
ADDRESS**

The mailing address of the principal office of the Limited Liability Company is: P.O. Box 119, Everglades City, Florida 34139. The street address of the principal office of the Limited Liability Company is P.O. Box 119, Everglades City, Florida 34139.

**ARTICLE III:
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV:
REGISTERED AGENT**

The name and address of the Limited Liability Company's registered agent and office is Christopher Lombardo, at 3200 Tamiami Trail North, Suite 200, Naples, Florida 34103.

**ARTICLE V:
MANAGEMENT**


The Limited Liability Company shall be managed by one of its members and the name and address of the Managing Member is: Sammy Hamilton, Jr., P.O. Box 119, Everglades City, Florida 34139.

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These Articles are executed this 1st day of December, 2004, by an authorized representative of the Managing Member of Eyes of the Everglades, LLC, pursuant to the Florida Limited Liability Company Act, Florida Statute § 608.401, *et seq.* The execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

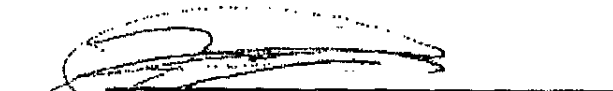

J. Christopher Lombardo, Authorized Representative

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 AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Eyes of the Everglades, LLC.
2. The name and address of the registered agent and office is: J. Christopher Lombardo, at 3200 Tamiami Trail North, Suite 200, Naples, Florida 34103.

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 provided for in Chapter 608, Florida Statutes.


J. Christopher Lombardo,

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DEPARTMENT OF CORPORATE SERVICES