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December 2, 2004

5	ERVICES	CORPORATION NAME (S) AND DOCUMENT NUMBER (S):
PLS F	Torida Property LLC	
	Filing Evidence ▶ Plain/Confirmation Cop	Type of Document ☐ Certificate of Status
	☐ Certified Copy	□ Certificate of Good Standing
		□ Articles Only
	Retrieval Request Photocopy	 All Charter Documents to Include Articles & Amendments Fictitious Name Certificate
	□ Certified Copy	□ Other
	NEW FILINGS	AMENDMENTS
	Profit	Amendment
	Non Profit	Resignation of RA Officer/Director
X	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
	Other	Merger
	OTHER FILINGS	REGISTRATION/QUALIFICATION
ļ	Annual Reports	Foreign
	Fictitious Name	Limited Liability
	Name Reservation	Reinstatement
	Reinstatement	Trademark
		Other

ARTICLES OF ORGANIZATION I	FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name:		
The name of the Limited Liability Com	apany is:	
PLS Florida Property LLC	Total to	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4751 Gulf Shore Boulevard North	4751 Guif Shore Boulevard North	
Unit 608	Unit 608	
Naples, PL 34103	Noples, FL 34103	
The name and the Florida street address of the registered agent are: Patricia L. Sullivan		
Name		
4751 Gulf Shore Boulevard North, Unit 48 608 Florida street address (P.O. Box NOT acceptable)		
Naples, FL 34103		
City, State, and Zip		
liability company at the place design registered agent and agree to act in this	t and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and	

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Manageing Member	Name and Address:		
MGR	Patricia L. Sullivan		
	4751 Gulf Shors Boulevard North, Unit 608		
	Naples, FL 34103		
(Use attachment if necessary)			
NOTE: An additional article must	be added if an effective date is requested.		
REQUIRED SIGNATURE:			
Late	ine L. Sullivan		
Signature of a member	r or an authorized representative of a member.		
(In accordance with sec of this document consti that the face stated h	ction 508.408(3), Florids Statutes, the execution tutes an affirmation under the panalties of perjury arein are true.)		
Y	Parricia L. Sullivan, Manager		
Typ	ped or printed name of signee		

FRing Fees:

\$125.00 Fiting Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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