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TRANSMITTAL LETTER

TO: Registration Se Division of Cor				
SUBJECT:	CAPTIVA INVE	utments L.L.C d Liability Company)	**	_
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	Kathleen A.	Robertson Name of Person)		
	(1	Firm/Company)		
769	Whooping Cr	ANR CT (Address)	·	2004 DEC 21 TALLAHAS
<u>S</u> ,	Anford FL (City)	32771 State and Zip Code)		2004 DEC 20 PM 3: 21 SECRE LANGE, FLORID
For further information of	concerning this matter, please	call:		P
KAThlaen A.	Robertson)	at (407) 221- (Area Code & Daytime Te	8024 elephone Number)	_
Enclosed is a check fo	r the following amount:			
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Sta Certified Copy (additional copy is ex	tus &
	ET ADDRESS:	MAILING A Registration S		

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 December 17, 2004

Florida Division of Corporations

I have enclosed the necessary paperwork to establish an LLC effective 01/01/05.

Please return all correspondence to: Kathleen A. Robertson 769 Whooping Crane Court

Sanford, FL 32771

My Tel # 407-221-8024

Thank You

Kathleen A. Robertson

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CAPTIVA INVOITMON	its L.L.C.
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
769 Whooping Crane CT	769 Whooping Crave CT
SANford FL 32771	SAN-ford FL 32771
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	rgistered agent are: Robertson En 日 コ
Kathleen A. Name	Robertson AFRASSE TILE
769 Whooping Florida street addit	Crave CT ress (P.O. Box NOT acceptable) STATE 2
SAN FOLD City, State, ar	FL 32771 PA 22

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, F.S..

Registered Agent's Signature

(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" = Managing Member	Name and Address:	
MGR	KATHLEN A. Robertson 769 Whooping Erane SANford FL 32771	et
Article V: The effective date of	organization is 01/01/2005.	
NOTE: An additional article must h	oe added if an effective date is requested.	
REQUIRED SIGNATURE:		#
Cotton Co	: Kolenh	2004 D SECRE ALLAH,
(In accordance with sect	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury erein are true.)	FILED EC 20 PM AREE FLO
<u>Kattheen</u> Typ	ed or printed name of signee	3 2 RIDA

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)