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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 15LAND PUB PROPERTY LLC (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
SUBJECT:   SLAND PUB PROPERTY LLC (Name of Limited Liability Company)  The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  TIMOTHY J. FLOCK (Name of Person)		
(Firm/Company)		
745 12 TH AVENUE S. SUITE G" (Address)		
NAPLES, FLORIDA 34102 (City/State and Zip Code)		
For further information concerning this matter, please call:		
MOTHY J. FLOCK at (239) 649-8812  (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\Bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)		
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines Street  Tallahassee, Florida 32399  MAILING ADDRESS:  Registration Section  Division of Corporations  Pio. Box 6327  Tallahassee, Florida 32314		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	Of the Control of the		
ISLAND PUB PROP	ERTY LLC TO THE		
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company of the Principal Office Address:  Mailing Address:			
<del></del>	745 12TH AVE, S. SUITE 6" NAPLES, FLORIDA 34102		
ARTICLE III - Registered Agent, Registered			

TIMOTHY J. FLOCK

Name

745 12TH AUE, S. SUITE G'

Florida street address (P.O. Box NOT acceptable)

NAPLES FL 3410Z

City, State, and Zip

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)

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	TIMOTHY J. FLOCK 2777 LAKEVIEW DR NAPLES, FL 34117	
MGRM	KENT L. SCHOOLEY 4934 WEST BLVD. NAPLES, FL 34103	
MGRM	DONALD E. FLOUR 545 CENTRAL AVE. NAPLES, FL 34102	
MGRM	STEPHEN F. BRIGGS & 107 BROAD AVE 500 TO TO	
(Use attachment if necessary)	ASSET COR	
NOTE: An additional article must be added if an effective date is requested.  REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:		
Signature of a member of an authorized representative of a member.		
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		
TIMOTHY J. FLOCK  Typed or printed name of signee		

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)