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SECRETARY OF STATE
ALLAHASSEE F, STATE

TRANSMITTAL LETTER

TO:	Registration Se Division of Cor			
SUBJI	ECT:	Island Ele	ments LLC	
0000		(Name of Limited	d Liability Company)	
The en	closed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please	return all correspo	ondence concerning this matte	r to the following:	
			ank G. Dunten	
		(t	Name of Person)	
			g, Schmidt & Howlett LLP	
		()	Firm/Company)	
		333 Bridge Str	reet NW, P.O. Box 352	
			(Address)	
		Grand Rap	oids, Michigan 49504	
			State and Zip Code)	
For fu	ther information of	concerning this matter, please	call:	
	Scott		at 616 336-6929	The Read Page 1
	(Name	of Person)	(Area Code & Daytime Te	elephone pumper)
Enclo	sed is a check fo	r the following amount:		TAR.
ð \$12:	5.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copys (additional copys is enclosed)
STREET ADDRESS: Registration Section Division of Corporations		MAILING A		
		Registration S Division of Co		
	409 E.	Gaines Street	P.O. Box 6327	7
	Tallah	assee, Florida 32399	Taliahassee, F	iorida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
and Elements LLC				
RTICLE II - Address: ne mailing address and street a	ess of the principal office of the Limited Liability Company is:			
rincipal Office Address:	Mailing Address:			
3-A South Collier Blvd.	683-A South Collier Blvd.			
arco Island, Florida 34145	Marco island, Florida 34145			
Barry P. Riordan Name				
	-A South Collier Blvd.			
Florida street address (P.O. Box NOT acceptable)				
Marco Island. FL 34145				
liability company at the plac gistered agent and agree to ac statutes relating to the proper	City, State, and Zip gent and to accept service of process foothe above stated limited signated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and tion as registered agent as provided for in Chapter alls F.S			
20	stered 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:
MGRM	Barry P. Riordan
	683-A South Collier Blvd.
	Marco Island, Florida 34145
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	TASSE CHES L
Signature of a manufac	er or an authorized representative of Commber.
(In accordance with sec	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penaltic of perjud
	Barry P. Riordan
Ty	ped 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)