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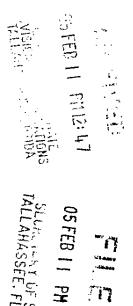
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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ACCOUNT NO. : 072100000032 REFERENCE: 199489 81597A AUTHORIZATION: OFFER I PH 3: 19 COST LIMIT : \$ PREPAID ORDER DATE: February 11, 2005 ORDER TIME : 11:45 AM ORDER NO. : 199489-005 CUSTOMER NO: 81597A CUSTOMER: Jamie B. Greusel, Esq Berry & Greusel Chamber Of Commerce Plaza 1104 North Collier Boulevard Marco Island, FL 34145 DOMESTIC FILING NAME: ISOLA INVESTMENTS, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Darlene Ward - EXT. 2935

,	40, 57, 77
RTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	A SECULIA
ISOLA INVESTMENTS, LLC	ORDER SO
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:
1104 North Collier Boulevard	1070 South Collier Boulevard PH-E
Marco Island, Fl. 34145	Marco Island, FL. 34145
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	
Jamie B.	Greusel
Name	
1104 North	Collier Boulevard
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Marco Island	, _{FL} 34145
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature

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>Citle:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:
MGR	Anthony J. Oliverio
	1070 South Collier Boulevard PH-E Marco Island, FL. 34145
	Maico Island, FE. 34143
(Use attachment if necessary)	
NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is requested.
Signature of a mombasto	2 Oliverio r an authorized representative of a member.
(In accordance with section	n 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury in are true.)
	hory J Oliverio 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)