V05000017741

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | · #) |
| PICK-UP | TIAW [| MAIL |
| (Bu | siness Entity Nam | ne) |
| (Document Number) | | |
| Certified Coples | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | Office Use On | |



800046481528

Male,

02/16/05--01055--009 **155.00

05 FEB 15 PH 3: 45

TRESCOTT, DRUCKER & VASALLO, P.L.

ATTORNEYS AT LAW 2605 PONCE DE LEON BOULEVARD CORAL GABLES, FLORIDA 33134

> TELEPHONE (305) 446-3117 TELECOPIER (305) 441-8166

Reply to: Christopher D. Vasallo

February 14, 2005

Secretary of State Corporations Division The Capitol 409 East Gaines Street Tallahassee, FL 32399

Re: Articles of Organization for Cape Coral One, LLC

Dear Sir/Madam:

In accordance with the provisions of Chapter 608 of the Florida Statutes, as amended, the undersigned files the following items in order that the Secretary of State may grant its approval to Cape Coral One, LLC.:

- 1. Original of the Articles of Organization for Cape Coral One, LLC;
- Duplicate Copy of Articles of Organization for certification by the Secretary of State;
- 3. Check drawn to the order of the Secretary of State in the amount of \$155.00 for
 - a. \$100.00 filing fee for Articles of Organization.
 - b. \$ 30.00 for certified copy of Articles of Organization.
 - c. \$ 25.00 appointment of resident agent filing fee.

Should you need additional information or have any questions regarding this, please do not hesitate to contact the undersigned at either the above address or telephone number.

Sincerely

Christopher D. Vasallo - Language of the state of the state

CDV/ag

Enclosures: Articles of Organization for Cape Coral One, LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLES OF ORGANIZATION FO ARTICLE I - Name: The name of the Limited Liability Comp | | D LIABILITY COMPANY |
|--|--|--|
| CAPE CORAL ONE, LLC | | |
| ARTICLE II - Address: The mailing address and street address of | f the principal office of the | Limited I iability Company is: |
| Principal Office Address: | Mailing Address | <u>:</u> |
| 8885 SW 196 TERRACE MIAMI, FL 33157 | 8885 SW 196 TERI MIAMI, FL 33157 | RACE |
| ARTICLE III - Registered Agent, Reg | - | |
| The name and the Florida street address | • | |
| TRESCOTT, DRUCKE | R & VASALLO, P.L. Name | |
| | | |
| 2605 PONCE DE LEC | N BOULEVARD treet address (P.O. Box <u>NOT</u> a | ccentable) |
| CORAL GABLES | 22124 | |
| | FL 33134 , State, and Zip | |
| Having been named as registered agent liability company at the place designe registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position Registere | sted in this certificate, I hero capacity. I further agree to plete performance of my du | eby accept the appointment as comply with the provisions of all ties, and I am familiar with and |
| · | ONTINUED) age 1 of 2 | 05 FEB 15 PH |

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 | CHRISTOPHER D. VASALLO | | |
| | 16611 SW 78 AVENUE | | |
| | MIAMI, FLORIDA 33157 | | |
| MGRM | DARREL CORRADINO | | |
| | 8885 SW 196 TERRACE | | |
| | MIAMI, FL 33157 | | |
| · · · | | | |
| (Use attachment if necessary) | | | |

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE

Signature of a member or 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.)

CHRISTOPHER D. VASALLO

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)