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DIVISION OF CORPORATIONS

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Florida Department of State  
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Account Name : C T CORPORATION SYSTEM  
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LIMITED LIABILITY COMPANY

Penrock LLC

Certificate of Status	1
Certified Copy	0
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DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pearock LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

23805 Clear Spring Court, #2209  
Bonita Springs, FL 34135

**Mailing Address:**

23805 Clear Spring Court, #2209  
Bonita Springs, FL 34135

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Paul R. Lynch

Name

101 East Kennedy Boulevard, Ste. 2800

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

Tampa, FL 33602-5151

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.*

Paul R. Lynch

Registered Agent's Signature

(CONTINUED)

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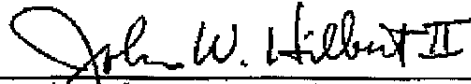
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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:****"MGR" = Manager****"MGRM" = Managing Member****Name and Address:****MGR****Christopher C. Leonardson****23805 Clear Spring Court, #2209****Bonita Springs, FL 34135****MGR****James R. Leonardson****23805 Clear Spring Court, #2209****Bonita Springs, FL 34135**

(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 603.405(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**John W. Hilbert, II****Typed or printed name of signer****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)**