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Florida Department of State
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

argo holdings llc

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARGO HOLDINGS LLC

ARTICLE I

The name of the limited liability company shall be: ARGO HOLDINGS LLC

ARTICLE II

The principal place of business and mailing address of the corporation shall be:

C/O WICKER, SMITH, O'HARA, MCCOY, GRAHAM AND FORD P.A ATTN.: KEVIN
CREWS ESQ.
4851 TAMiami TRAIL NORTH
SUITE 402
NAPLES FLORIDA 34103

ARTICLE III

This limited liability company shall commence its existence immediately upon the filing of the Articles of Organization and shall perpetually thereafter be in existence unless sooner dissolved by and in accordance with Florida law.

ARTICLE IV

The name and address of the initial registered agent is:

KEVIN CREWS ESQ.
4851 TAMiami TRAIL NORTH
SUITE 402
NAPLES FLORIDA 34103

ARTICLE V

The limited liability company is to be managed by a managing member.

The undersigned has executed these Articles of Organization on this 18th day of April, 2005.


KEVIN CREWS

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that, **ARGO HOLDINGS LLC** desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named **KEVIN CREWS**, whose address is **4851 TAMiami TRAIL NORTH SUITE 402 NAPLES FLORIDA 34103**, as its agent to accept service of process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION 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.

SIGNATURE _____
Registered Agent



FILED
JAN 19 2012
TAMPA
FLORIDA

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