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| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |

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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: Affordable Island Ivrigation 12 (Name of Limited Liability Company) | | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Paul HARRIS (Name of Person) | | |
| (Name of Person) | | |
| Aftordable Island Irrigation LLC | | |
| 9421 Moon light Dr. (Address) | | |
| Sanibel Fl 33957 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| Paul Harris at 239 395-04/19 (Name of Person) (Area Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: | | |
| □ \$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) | | |

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 27, 2005

PAUL HARRIS AFFORDABLE ISLAND IRRIGATION LLC 9421 MOONLIGHT DR. SANIBEL, FL 33957

SUBJECT: AFFORDABLE ISLAND IRRIGATION LLC

Ref. Number: W05000021315

We have received your document for AFFORDABLE ISLAND IRRIGATION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 605A00029182

Michelle Hodges Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|--|--|--|
| Affordable Island | Irrigation LLC | |
| ARTICLE II - Address: The mailing address and street address of the prin | ncipal office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 9421 Moonlight Dr. | 9421 Mornlight Dr. | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: | | |
| PAU D. HARRIS | | |
| 943) Moon light Dr. Florida street address (P.O. Box NOT acceptable) Sanibel FL 33957 | | |
| 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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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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: | Name and Address: |
|--|---|
| "MGR" = Manager "MGRM" = Managing Member | |
| MGR | PAUL D. HARRIS 9421 Moon light Dr. San's bel Fl 33957 |
| <u>morm</u> | Kathleen M. HARRIS 9421 Moon light Dr. Sanibel Fl 33957 |
| MORM | Rebecca E. HARRIS 9421 Moonlight Dr. Sanibel Fl 33957 |
| merm | Matthew R. Harris 9421 Moon light Dr. Sanibel Fl 33957 |

(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.)

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)