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VOIGT*VOIGT

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Division of Corporations

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Florida Department of State
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M. HODGES

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : VOIGT & VOIGT, P.A.
Account Number : I20030000017
Phone : (941) 925-2324
Fax Number : (941) 925-2924

LIMITED LIABILITY COMPANY

DESTINY INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

05 JUN 27 PM 3:28

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 23, 2005

VOIGT & VOIGT, P.A.

SUBJECT: DESTINY INVESTMENTS, LLC
REF: W05000030736

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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) 245-6043.

Joey Bryan
Document Specialist

FAX Aud. #: H05000153593
Letter Number: 505A00042855

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DIVISION OF CORPORATION

05 JUN 27 PM 3:28

FILED

**ARTICLES OF ORGANIZATION
OF
DESTINY INVESTMENTS, LLC**

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under the Chapter 608 of the Florida Statutes, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is:

DESTINY INVESTMENTS, LLC

SECOND: The Limited Liability Company shall continue until the occurrence of an event set forth in the Operating Agreement which causes the termination of the Limited Liability Company.

THIRD: The Limited Liability Company is organized to engage in and do any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Chapter 608 of the Florida Statutes, including all powers and purposes now and hereafter permitted by law to a limited liability company.

FOURTH: The mailing address and street address of the initial registered office of the Limited Liability Company in Florida is 2171 8th STREET, SARASOTA, FL 34237, and the name of the initial registered agent of the Limited Liability Company in Florida at that address is ROBERT A. PHINNEY.

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.


print:

ROBERT A. PHINNEY

FIFTH: The mailing address and principal office of the Limited Liability Company is 2171 8TH STREET, SARASOTA, FL 34237.

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SIXTH: The Limited Liability Company is to be managed by the Managing Members. The names and addresses of the initial Managing Members are: ROBERT A. PHINNEY, EARNEST E. VOTAW, and DANIEL C. CLANCY,

SEVENTH: The total amount of cash (and a description and agreed value of any property other than cash) contributed to the Limited Liability Company, as capital, by the Members is \$1,000.00. The allocations and distributions of the Limited Liability Company shall be made in proportion to the Members' Percentage Interests.

EIGHTH: Additional capital contributions may be made at such times and in such amounts as may hereafter may be agreed by the unanimous vote of the Members. No additional capital contributions have been agreed to by the Members at this time.

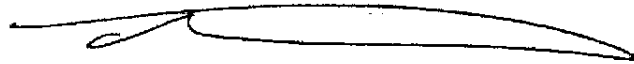
NINTH: The existing Members shall have the right to admit additional Members to the Limited Liability Company, by the unanimous vote or consent of the Members.

TENTH: The remaining Members of the Limited Liability Company, by the unanimous vote or consent of the Members (other than the Member who caused the Withdrawal Event), may continue the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company.

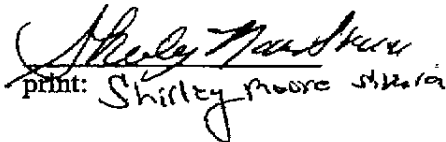
ELEVENTH: None of the Members of the Limited Liability Company are liable for payment of any debt, obligation or other liability of the Limited Liability Company.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on June 17, 2005.

In the presence of:




ROBERT A. PHINNEY

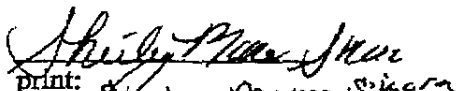

print: Tracy A Beatty
print: Shirley Moore


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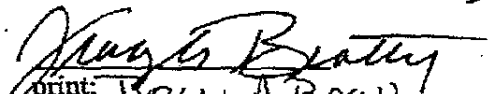
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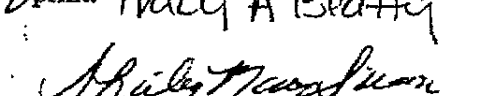

EARNEST E. VOTAW


print: Tracy A Beatty


print: Shirley Moore Sikora


DANIEL C. CLANCY




print: Tracy A Beatty


print: Shirley Moore Sikora

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STATE OF FLORIDA, COUNTY OF SARASOTA, ss.

The foregoing instrument was acknowledged before me on the 17 day of June, 2005,
by ROBERT A. PHINNEY.


print: Tracy Alecia Beatty
Notary Public
My commission expires on _____
 Tracy Alecia Beatty
MY COMMISSION # DD427558 EXPIRES
May 9, 2009
BONDED THRU TROY FAIR INSURANCE, INC.

Personally Known _____ OR Produced Identification ☒
Type of Identification Produced: Drivers License

STATE OF FLORIDA, COUNTY OF SARASOTA, ss.

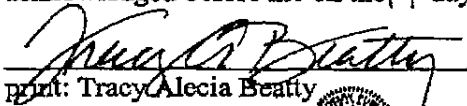

The foregoing instrument was acknowledged before me on the 17 day of June, 2005,
by EARNEST E. VOTAW.


print: Tracy Alecia Beatty
Notary Public
My commission expires on _____
 Tracy Alecia Beatty
MY COMMISSION # DD427558 EXPIRES
May 9, 2009
BONDED THRU TROY FAIR INSURANCE, INC.

Personally Known _____ OR Produced Identification ☒
Type of Identification Produced: Drivers License

STATE OF FLORIDA, COUNTY OF SARASOTA, ss.

The foregoing instrument was acknowledged before me on the 17 day of June, 2005,
by DANIEL C. CLANCY.


print: Tracy Alecia Beatty
Notary Public
My commission expires on _____
 Tracy Alecia Beatty
MY COMMISSION # DD427558 EXPIRES
May 9, 2009
BONDED THRU TROY FAIR INSURANCE, INC.

Personally Known _____ OR Produced Identification ☒
Type of Identification Produced: Drivers License