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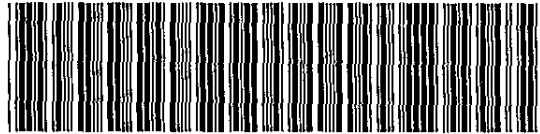
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1.)

9726 CCC L.L.C.

(CORPORATE NAME & DOCUMENT #)

2.)

(CORPORATE NAME & DOCUMENT #)

3.)

(CORPORATE NAME & DOCUMENT #)

4.)

(CORPORATE NAME & DOCUMENT #)

5.)

(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

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ARTICLES OF ORGANIZATION OF
9726 CCC, L.L.C.

Pursuant to Florida Statute 608.407, Florida Statutes, the following are Articles of Organization for 9726 CCC, L.L.C., a Florida limited liability company;

ARTICLE I

The name of the limited liability company is: 9726 CCC, L.L.C.

ARTICLE II

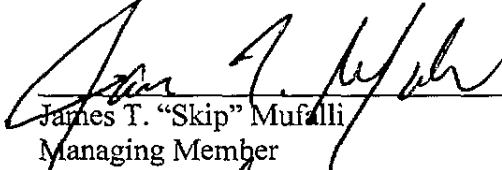
The mailing address and street address of the principal office of the limited liability company is: c/o of Richard T. Cotter, P.A. 11050 Summerlin Square Dr., Fort Myers Beach, FL 33931.


ARTICLE III

The name and street address of its initial registered agent in the state of Florida are: Richard T. Cotter, P.A. 11050 Summerlin Square Dr., Fort Myers Beach, FL 33931

ARTICLE IV

This limited liability company is to be managed by a manager and the name and address of such manager is: James T. "Skip" Mufalli of 11050 Summerlin Square Dr., Fort Myers Beach, FL 33931, until the first annual meeting of the members or until his successor is elected and qualified.


James T. "Skip" Mufalli
Managing Member


Gary Wallace
Member

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STATE OF FLORIDA
COUNTY OF LEE

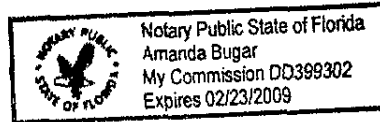
Before me this day personally appeared JAMES T. "SKIP" MUFALLI, Managing Member, of 9726 CCC, L.L.C. who acknowledged before me that they executed the foregoing for the purposes therein expressed on this 9 day of August, 2005 and they were personally known to me or they produced _____ for identification.

Signature of Notary: Amanda Bugar

Print/type Name of Notary: Amanda Bugar

My Commission Number: _____

My Commission Expires: _____



STATE OF FLORIDA
COUNTY OF LEE

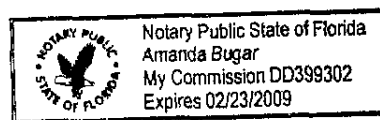
Before me this day personally appeared GARY WALLACE, Member of 9726 CCC, L.L.C. who acknowledged before me that they executed the foregoing for the purposes therein expressed on this 9 day of August, 2005 and they were personally known to me or they produced _____ for identification.

Signature of Notary: Amanda Bugar

Print/type Name of Notary: Amanda Bugar

My Commission Number: _____

My Commission Expires: _____

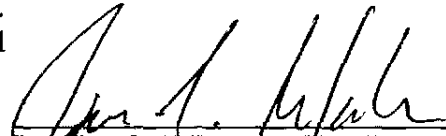


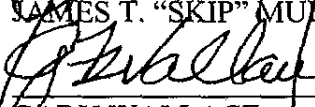
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED
OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 808.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS
THE FOLLOWING STATEMENT TO DISIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: 9726 CCC, L.L.C.
2. The name and the Florida state address of the registered agent are:

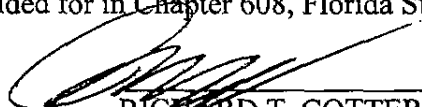
Richard T. Cotter, P.A.
11050 Summerlin Square Dr.
Fort Myers Beach, FL 33991



JAMES T. "SKIP" MUFALLI


GARY WALLACE

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, Florida Statutes.



RICHARD T. COTTER, P.A.

STATE OF FLORIDA
COUNTY OF LEE

Before me this day personally appeared JAMES T. "SKIP" MUFALLI, Manager and Member of 9726 CCC, L.L.C. who acknowledged before me that they executed the foregoing for the purposes therein expressed on this 9 day of August, 2005 and they were personally known to me or they produced _____ for identification.

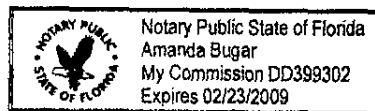
Signature of Notary Public: Amanda Bugar

Print/Type Name of Notary: Amanda Bugar

Commission Number: _____

Commission Exp. Date: _____

STATE OF FLORIDA
COUNTY OF LEE



Before me this day personally appeared GARY WALLACE, Member of 9726 CCC, L.L.C. who acknowledged before me that they executed the foregoing for the purposes therein expressed on this 9 day of August, 2005 and they were personally known to me or they produced _____ for identification.

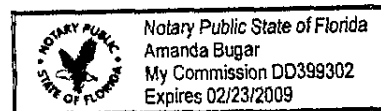
Signature of Notary Public: Amanda Bugar

Print/Type Name of Notary: Amanda Bugar

Commission Number: _____

Commission Exp. Date: _____

STATE OF FLORIDA
COUNTY OF LEE



Execution of the foregoing instrument was acknowledged before me this 9 day of August, 2005, by RICHARD T COTTER, as registered agent who is personally known to me or who has produced _____ as identification and who did _____ or did not ☒ take an oath.

Signature of Notary Public: Sherry J. Bryant

Print/Type Name of Notary: Sherry J. Bryant

Commission Number: _____

Commission Exp. Date: _____

