

AUG-25-2005 12:17

GUNSTER YOAKLEY

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)
Account Number : 076117000420
Phone : (561) 650-0728
Fax Number : (561) 655-5677

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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LIMITED LIABILITY COMPANY

EarthMark Mitigation, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: EarthMark Mitigation, LLC

ARTICLE II – Address:

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

12800 University Drive, Suite 400
Ft. Myers, FL 33907

ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:

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

Valdes-Fauli Corporate Services, Inc.
777 S. Flagler Drive, Suite 500 East
West Palm Beach, FL 33401

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, Valdes-Fauli Corporate Services, Inc. hereby accepts the appointment as registered agent and agrees to act in this capacity. Valdes-Fauli Corporate Services, Inc. further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and Valdes-Fauli Corporate Services, Inc. is familiar with and accepts the obligations of its position as registered agent.

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STATE OF FLORIDA

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VALDES-FAULI CORPORATE SERVICES, INC.


By: 
Michael V. Mitrione, Vice President

ARTICLE IV – Manager(s) or Managing Member(s):

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

<u>Title</u>	<u>Name and Address</u>	<u>Title</u>	<u>Name and Address</u>
Managing Member:	Michael E. Rosen 12800 University Drive Suite 400 Ft. Myers, FL 33907	Manager:	Douglas Cordello 12800 University Drive Suite 400 Ft. Myers, FL 33907

REQUIRED SIGNATURE:


Michael V. Mitrione, Authorized Representative

(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.)