# AUG-26-2005 (12:47 SIGNSTER POARCE ) 844 P.01/02

# Florida Department of State

Division of Corporations Public Access System

### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H050002043363)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : CUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)

Account Number : 076117000420 Phone : (561)650-0728

Fax Number : (561)655-5677

OS AUG 25 PM 2: 08
SECHEREL OF STATE

# LIMITED LIABILITY COMPANY

## EarthMark Mitigation, LLC

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

Electronic Filing Menu.

Composate Filings

BAMIC Access Balo

OS AUG 25 PH 12: 12

FILEL

#### 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. So 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. So is familiar with and accepts the obligations of its position as registered agent.

ALDES FAUL CORPORATE SERVICES, INC

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>

Name and Address

Title

Name and Address

Managing Member:

Michael E. Rosen

Manager:

Douglas Cordello 12800 University Drive

12800 University Drive Suite 400

Ft. Myers, FL 33907

Suite 400

Ft. Mvers, 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.)

WPB 844933.1