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From: Account Name : THE FARR LAW FIRM  
Account Number : 103654001666  
Phone : (941)639-1158  
Fax Number : (941)639-0028

**LIMITED LIABILITY COMPANY**

**STORMS ISLAND, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**STORMS ISLAND, LLC**

**ARTICLE II - Address:**

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

**STORMS ISLAND, LLC**

**Mailing Address:** c/o Guy S. Emerich  
21325 Coachman Avenue  
Port Charlotte, Florida 33952

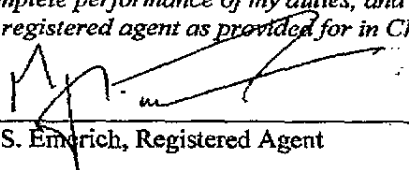
**Street Address:** 21325 Coachman Avenue  
Port Charlotte, Florida 33952

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Guy S. Emerich**  
**Farr, Farr, Emerich, Hackett and Carr, P.A.**  
**99 Nesbit Street**  
**Punta Gorda, Florida 33950**

*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.*

  
\_\_\_\_\_  
Guy S. Emerich, Registered Agent

**ARTICLE IV - Management**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

  
\_\_\_\_\_  
Guy S. Emerich, Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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