

Division of Corporations

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Florida Department of State  
Division of Corporations  
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## To:

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Fax Number : (850)205-0383

## From:

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

M. Thomas OCT 17 2005

**LIMITED LIABILITY COMPANY****LORVAN, LLC**

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I — Name:**

The name of the Limited Liability Company is:

**LORVAN, LLC**

**ARTICLE II — Address:**

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

**LORVAN, LLC**

**Mailing Address: 99 Nesbit Street  
Punta Gorda, Florida 33950**

**Street Address: 127 Creek Drive  
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:

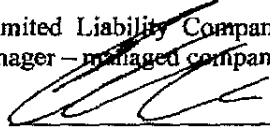
**Gary A. Kahle  
99 Nesbit Street  
Punta Gorda, Florida 33950**

*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.*

  
\_\_\_\_\_  
Gary A. Kahle, 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.

  
\_\_\_\_\_  
Gary A. Kahle, Authorized Representative of a 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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