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SECRETARY OF STATE TALLAHASSEE, FLORIDA (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP TIAW | MAIL (Business Entity Name) (Document Number) Certified Copies _ Certificates of Status Special Instructions to Filing Officer:

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TRANSMITTAL LETTER

| | TO: Registration Section Division of Corporations FILED | | |
|--|--|--|--|
| | SUBJECT: Pastoor Properties - Crellsonewill Grand ens, LL((Name of Limited Liability Company) SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| | The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: | | |
| | | | |
| | Sandra Pastoor (Name of Person) | | |
| | (Name of Person) | | |
| ** <u>`</u> | | | |
| | (Firm/Company) | | |
| 4531 Prescott Lane | | | |
| (Address) | | | |
| Naples, FL 3260b (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| | Heather Pastook at 352, 331-1690 (Name of Person) (Area Code & Daytime Telephone Number) | | |
| | Enclosed is a check for the following amount: | | |
| | \$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) | | |
| | STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

13

| ARTICLE I - Name: The name of the Limited Liability Company is: | 2005 NOV 14 P 4: | | |
|--|--|--|--|
| | SECRETARY OF STAT TALLAHASSEE, FLORI ES-CRESCENT GARDE | | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is | | | |
| Principal Office Address: | Mailing Address: | | |
| 4531 Prescott Lave Napleo, FL 34119 | 4531 Presott Lane Naples, FL 34119 | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: | | | |
| The name and the Florida street address of the registered agent are: | | | |
| Sandra | Pastoor | | |
| 4531 P. Florida street addr | Resort Lake ess (P.O. Box NOT acceptable) | | |
| Naples City, State, an | FL 34119 d Zip | | |
| Having been named as registered agent and to as liability company at the place designated in the registered agent and agree to act in this capacity. | is certificate, I hereby accept the appointment as | | |

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..

Registered Agent's Signature

(CONTINUED)

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Please Make LLC Page 2, of 2 Offective 1/1/06 Sandre Paston