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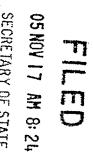
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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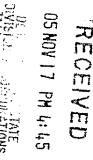
Office Use Only



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## UCC Filing & Search Services, Inc. 1574 Village Square Boulevard, Suite 100 Tallahassee, Florida 32309 (850) 681-6528

**HOLD** FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

<u></u>		November 17, 2005		
)	LKVIUES	CORPORATION NAME (S) AND DOCUMENT NUMBER (S):		
5415	CORPORATION NAME (S) AND DOCUMENT NUMBER (S):  15 Jaeger Road, LLC    Filing Evidence			
		Type of Document of Status of Status		
	□ Certified Copy	□ Certificate of Good Standing		
		□ Articles Only □ Articles Only		
	<del>-</del>			
	полосору	i rictitious Name Certificate		
	☐ Certified Copy	□ Other		
	NEW FILINGS	AMENDMENTS		
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X				
	Domestication			
	Other	Merger		
L				
	OTHER FILINGS	REGISTRATION/QUALIFICATION		
	Annual Reports	Foreign		
	Fictitious Name	Limited Liability		
	Name Reservation	Reinstatement		
	Reinstatement	Trademark		

Other

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
5415 Jaeger Road, LLC	AND THE STATE OF T			
(Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is			
Principal Office Address:	Mailing Address:			
240 1st Avenue North	240 1st Avenue North			
Naples, FL 34102-5922	Naples, FL 34102-5922			
business entity with an active Florida registration.)  The name and the Florida street address of the a  Thomas F. Hudgins  Name				
801 12th Avenue South, S				
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)			
Naples	FL 34102			
City, State,	and Zip			
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all exformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S.  [ALL]  [Author (RECOTRED)			

(CONTINUED)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
2 0	
MGR	Matthew John Soldavini
	240 1st Avenue North
	Naples, FL 34102-5922
(Use attachment if necessary)	
ICLE V. Effective date if other than	the date of filing: (OPTIONAL)
n effective date is listed, the date mu 90 days after the date of filing.)	ist he specific and cannot be more than five business days p
REQUIRED SIGNATURE:	Λ.
	M:
Signature of a me	ember or an authorized representative of a member.
(In accordance wit of this document of	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury

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)

Matthew John Soldavini

that the facts stated heroin are true.)

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Typed or printed name of signee