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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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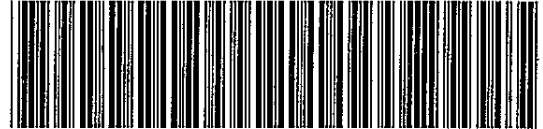
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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Vicki S. Senior, Tax Paralegal
Direct 502-587-3705 Fax 502-540-2213 E-mail vss@gdm.com

January 6, 2006

Via UPS - #1Z 4134310197039553

Registration Section
Division of Corporations
2661 Executive Center Circle
Clifton Building
Tallahassee, Florida 32301-5024

RE: Stonebridge Boulevard LLC and
Stonebridge Gulf Coast LLC

Please file the following documents:

1. Articles of Organization of Stonebridge Boulevard LLC; fee of \$125.00;
2. Articles of Organization of Stonebridge Gulf Coast LLC, fee of \$125.00

Please issue a Certificate of Status for each entity. Our checks totaling \$260.00 are enclosed for filing fees and two Certificates of Status.

Please return two (2) file-stamped copies of each of the two documents, which I have provided, in the enclosed self-addressed UPS envelope.

If you have any questions, please feel free to contact me.

Sincerely,

Vicki S. Senior
Tax Paralegal

Enclosures

cc: Andrew Fleischman

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stonebridge Boulevard LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vicki Senior, Tax Paralegal
(Name of Person)

Greenebaum Doll & McDonald PLLC
(Firm/Company)

3500 National City Tower, 101 S. Fifth Street
(Address)

Louisville, Kentucky 40202-3197
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew M. Fleischman at (502) 587-3735
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stonebridge Boulevard LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

4041 Gulfshore Blvd. North

PH7

Naples, FL 34103

Mailing Address:

4041 Gulfshore Blvd. North

PH7

Naples, FL 34103

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

J. Dan Bouchillon

Name

4021 Gulfshore Blvd. North, #1501

Florida street address (P.O. Box NOT acceptable)

Naples, FL 34103

FL

City, State, and Zip

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

John Shannon Bouchillon

4041 Gulfshore Blvd. North, PH7

Naples, FL 34103

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

John Shannon Bouchillon
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.)

John Shannon Bouchillon

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)