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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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| Division of Corporations | |
|---|--|
| SUBJECT: GEM Title, L.L.C. | |
| (Name of Limited Liabi | lity Company) |
| The enclosed Articles of Organization and fee(s) are submitted | ed for filing. |
| Please return all correspondence concerning this matter to the | : following: |
| Catharine Cruttenden | |
| (Name of | f Person) |
| | 17 |
| (Firm/Co | ompuny) |
| 7803 Berkshire Pines Drive | |
| . (Add | ressj |
| Naples, Florida 34104 (City/State or | 17. (0.1) |
| City/state en | id Lip Code) |
| For further information concerning this matter, please call: | |
| Catharine Cruttenden at (2 | 39 304-9849 (Arca Code & Daytime Telephone Number) |
| (Name of Person) | (Arca Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| Certificate of Status Certi | 155.00 Filing Fee & S160.00 Filing Fee, ified Copy Cortificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Bxecutive Center Circle Tallahassec, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company i | S: | |
|---|---|---|
| GEM Title, L.L.C. (Must end with the words "Limited Liability Company, "Lin | nited Company" or their abbreviation "LLC," o | or "L.C.,") |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited Liab | rility Company is: |
| Principal Office Address: | Mailing Address: | |
| 7803 Berkshire Pines Drive Naples, Florida 34104 | 7803 Berkshire Pines Drive Naples, Florida 34104 | |
| ARTICLE III - Registered Agent, Registered (The Limited Limbility Company cannot serve as its own Registeres entity with an active Florida registration.) | | |
| The name and the Florida street address of the | registered agent are: | SE SE |
| Catharine Cruftenden | | FIL 06 JAN -9 SECKLIAN ALLAHASS |
| Nam | e | N-9 |
| 7803 Berkshire Pines | Drive | [T] "" |
| Florida street a | ddress (P.O. Box NOT acceptable) | |
| Naples, | PL 34104 | LOR LOA |
| City, State | , and Zip | 28 38 38 38 38 38 38 38 38 38 38 38 38 38 |

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) Page 1 of 2 ARTICLE IV- Manager(s) or Managing Mcmber(s):

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

| <u>Title:</u> "MGR" - Manager "MGRM" = Managing Mcm | Name and Address: |
|--|---|
| MGRM | Catharine Cruttenden 7803 Berkshire Pines Drive Naples, Florida 34104 |
| MGR | Derek Ballard 14846 Fripp Island Court Naples, Florida 34119 |
| MGR | Maria Tiedmann 4530 1st Avenue S.W. Naples, Florida 34119 |
| (Use attachment if necessary | |
| ARTICLE V: Effective date, if other (If an effective date is listed, the dat to or 90 days after the date of filing. | than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior) |
| <u>REQUIRED</u> 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.)

Catharine Cruttenden

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)

Page 2 of 2

SECRETARI O: STATE TALLAHASSEE FLORIDA