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COVER LETTER

TO: Registration Division of			
SUBJECT: FI	RST NAPLES (Name of Limite	REDUTY, LL d Liability Company)	<u>-c</u>
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
	ROBERT KE	NAFOU	
<u> </u>	(Name of Person)	
	(Firm/Company)	
3)	63 CUDDY	CT	
	or uso, fi 3	(Address)	
N			
	(City	/State and Zip Code)	1972 B
For further information	on concerning this matter, please	call:	
Amy Bri	me of Person)	at (239) UB · (Area Code & Daytime To	0520
/ (!Yā	me of rerson)	(Area Code & Daytime 1)	elepnone Number)
Enclosed is a check	for the following amount:		
\$125.00 Filing Fe	e \$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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:	Mailing Address:
1170 THIRD ST. S.	1170 THIRD ST.S.
NAPUES, FL 34102	NAPLES, FL 34102
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	1.1
ROBERT KE	NAKOY III I
353 CUD	ΣΥ CT ress (P.O. Box NOT acceptable)
NAPLES City, State, as	FL 34102 ad 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 (REOURED)

(CONTINUED)
Page 1 of 2

WELCHYLLOW

<u>Title:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:
MGR	KRISTI KEHNEDY 508 DEVILS LANE NAPLES, FL 34103
MGRM	ROBERT KEHNEDY 353 CUDDY CT NAPLES, FL 34103
MGRM_	41350 RESULT 353 GUDDY CT NADLES, FL 34103

ARTICLE V: Effective date, if other than the date of filing: <u>FEB. 15, 2006</u>. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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)