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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0393

From:

Account Name : ARLENE F. AUSTIN, P.A.  
Account Number : 120000000066  
Phone : (239) 514-8211  
Fax Number : (239) 514-4618

STATE OF FLORIDA  
TALLAHASSEE

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

JACKIELEN, LLC

Certificate of Status	1
Certified Copy	1
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EFFECTIVE DATE  
02/28/06

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ARTICLES OF ORGANIZATION OF  
JACKIELEN, LLC  
A LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - Name & Address

The name of the Limited Liability Company is:

JACKIELEN, LLC.

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

11444 Night Heron Drive  
Naples, FL 34119

ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE III - Purpose:

The purpose for the Limited Liability Company shall be to operate a real estate investment and management business and to engage in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name and address of the managing members are:

Leonard A. Rose  
Jacqueline Rose  
11444 Night Heron Drive  
Naples, FL 34119

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**ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be by consent of a majority of the members.

**ARTICLE VI - Members' Rights to Continue Business**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be by consent of a majority of the members.

**ARTICLE VII - Effective Date**

The formation of this limited liability company shall be effective on February 28, 2006.

**ARTICLE VIII - Resident Agent**

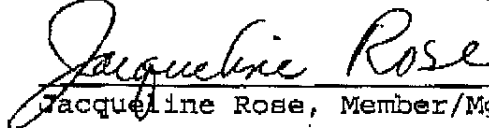
The name of the initial registered agent and the Florida street address of the registered agent and office shall be:

Arlene F. Austin  
5811 Pelican Bay Blvd., Suite 201  
Naples, FL 34108

IN WITNESS WHEREOF, the undersigned have signed these Articles of Organization and acknowledged them to be their free act on this 28 day of February, 2006.



Leonard A. Rose, Member/Mgr.



Jacqueline Rose, Member/Mgr.

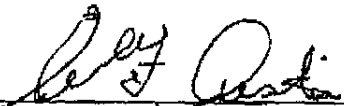
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State of Florida  
County of Collier

On February 28, 2006, Leonard A. Rose and Jacqueline Rose, [ ] who are personally known to me, or [XX] produced a driver's license as identification, personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of JackieLen, LLC, a Florida Limited Liability Company.

  
\_\_\_\_\_  
Notary Public:

Commission Expiration Date & Commission Number:

(SEAL)

NOTARY PUBLIC-STATE OF FLORIDA  
 Arlene F. Austin  
Commission # DD225263  
Expires: AUG. 08, 2007  
BONDED BY THE STATE OF FLORIDA

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

JACKIELEN, LLC

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

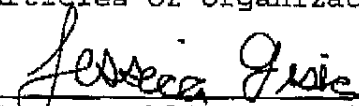
Arlene F. Austin  
5811 Pelican Bay Blvd., Suite 201  
Naples, FL 34108

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.

  
Arlene F. Austin  
Registered Agent

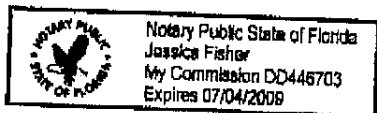
State of Florida  
County of Collier

On February 28, 2006, Arlene F. Austin, designated above as the individual who shall serve as the company's initial registered agent, who is personally known to me [ XX ], or produced a Florida driver's license as identification, personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of JACKIELEN, LLC, as resident agent.

  
Notary Public: Jessica Fisher

Commission Expiration Date & Commission Number:

(SEAL)



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