Florida Department of State

Division of Corporations

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Division of Corporations

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Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

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LORIDA/FOREIGN LIMITED LIABILITY CO.

Mercury Land Development, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:	
Mercury Land Development, LLC		
(Must end with the words "Limited Liability Comp	eny, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
	of the principal office of the Limited Liability Compa	ny is:
_	7 7	_
Principal Office Address:	Mailing Address:	
2430 Vanderbilt Beach Road	2430 Vanderbilt Beach Road	
Suite 108	Suite 108	
Naples, FL 34109	Naples, FL 34109	28
	egistered Office, & Registered Agent's Signature: s own Registered Agent, You must designate an individual or another)	2006 APR 13
The name and the Florida street address	ss of the registered agent are:	2 02
C:	T Corporation System.	ORPORATIONS AM IO: 50
-	Name	ë X
1200	South Pine Island Road	5 0 S
Florid	a street address (P.O. Box <u>NOT</u> acceptable)	
Pla	ntation, Florida 33324	
C	ity, 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..

C T Corporation System

Registered Agent's Signature (REQUIRED)

ANN J. WILLIAMS
Assistant Vice President

(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 Membe	Name and Address:
MGRM	Robert A. Lipinski
	P.O. Box 1339
	Mariton, NJ 08053
	2006 APR 13
•	
	
	**
(Use attachment if necessary) LE V: Effective date, if other the ffective date is listed, the date is	en the date of filing: N/A.
LE V: Effective date, if other th	isn the date of filing: <u>N/A</u> . (OPTIONAL) Hust be specific and cannot be more than five business days pri
LE V: Effective date, if other the flective date is listed, the date is days after the date of filing.) RECUIRED SIGNATURES.	an the date of filing: N/A (OPTIONAL) tost be specific and cannot be more than five business days price. subtror su authorized representative of a filterabor.
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LE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) RECUIRED SIGNATURE: (In socotions we of this document that the facts the Robert A. Lipi	subtror su sufferized representative of a mannhor. The section 608.408(3), Florida Statutes, the execution constitutes an abstraction under the parallels of perjusy stad herein are tree.) inski Typed or printed name of signee

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