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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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EFFECTIVE DATE

2006 HAY 22 PH 4: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LED

DIVISION OF CORPORATION

THE PARTY OF ST.



ACCOUNT NO. : 072100000032

REFERENCE: 119484 4304766

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COST	LIMIT	\$ 125.00	
			

ORDER DATE: May 19, 2006

ORDER TIME : 12:43 PM

ORDER NO. : 119484-015

CUSTOMER NO: 4304766

DOMESTIC FILING

NAME: CEDAR BAY LAND, LLC

EFFECTIVE DATE: 5/19/06

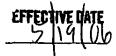
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS:



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CEDAR BAY LAND, 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 Ad	dress:	Mailing Address:		
3725 Fort Charles Drive		3725 Fort Charles Drive		
Naples, FL 34102		Naples, PL 34102		
The Limited Liability Computer business entity with an action The name and the Flo	pany cannot serve as its own Re	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:		
	Nar	ne		
3725 Fort Charles Drive				
	Florida street	address (P.O. Box NOT acceptable)		
N	aples	FI. 34102		
	City, State	e, 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..

egistered Agent's Signature (REQUIRED)

(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>	Name and Address:
"MGR" = Manager	th an
"MGRM" = Managing Men	ioer
MGR	Jack J. Antaramian
	3725 Fort Charles Drive
	Naples, FL 34102
	,
(Use attachment if necessary	61.0101
ARTICLE V: Effective date, if othe (If an effective date is listed, the dat to or 90 days after the date of filing	e must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE	
Signature o	f a member or an authorized representative of a member.
of this docu	nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury cts stated herein are true.)
	Antaramian, Manager
	Typed or printed name of signee
Filing Fees:	
MERCHAN PROPERTY OF THE PROPERTY ASSESSMENT	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)