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FLOR	IDA/FOREIGN LIM Poly Villa #8 Certificate of Status	TED LIABILITY	? CO
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FAX AUDIT # 4060001412053

ARTICLES OF ORGANIZATION OF Poly Villa #8 LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Poly Villa #8 LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 2096 Estero Blvd #8, Fort Meyers Beach, Florida 33931-3256.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Mary Beth Ross, 373 Cuddy Ct Naples, Florida 34103. Located in the County of Collier.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Mary Beth Ross, 373 Cuddy Ct, Naples, Florida 34103 Scott Ross, 2096 Estero Blvd #8, Fort Meyers Beach, Florida 33931-3256

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

FAX AUDIT # #060001412053

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Poly Villa #8 LLC

The name and address of the registered agent and office is Mary Beth Ross, 373 Cuddy Ct, Naples, Florida 34103. Located in the County of Collier.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Mon 6.1 Pros

Date: 5 116 166

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