L0600056071	
(Requestor's Name) (Address) (Address)	400075189844
(City/State/Zip/Phone #)	05/25/0601026021 **375.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	DIVISION OF CORPORATIONS 06 MAY 25 AH 10: 31
Office Use Only	Med B. Thereot IIIN n. 2. 2006

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

BOKEELIA CROSSED PALMS UNIT ONE, LLC

ARTICLE I Name

Hame

The name of this Limited Liability Company is BOKEELIA CROSSED PALMS UNIT ONE, LLC.

ARTICLE II Address

The mailing address and street address of the principal office of the Limited Liability Company is 4353 Michigan Link, Fort Myers, FL 33916, Telephone: (239) 334-7343.

ARTICLE III

Duration

The period of duration of the Limited Liability Company is in perpetuity except as may be terminated pursuant to the Limited Liability Operating Agreement.

ARTICLE IV Registered Office and Agent

The initial registered office of this Company shall be is 4353 Michigan Link, Fort Myers, FL 33916, Telephone: (239) 334-7343, and its initial registered agent at such office shall be Johnson W. Cauthen.

ARTICLE V

Management

The Limited Liability Company shall be managed by a Manager in accordance with regulations adopted by the members for the management of the business and affairs of the Company. These regulations may contain additional provisions for the regulation and management of the affairs of the Company consistent with law or these articles of organization. The names and addresses of the members of the Company are:

NAME

Johnson W. Cauthen

4353 Michigan Link Fort Myers, FL 33916

ADDRESS

06 MAY 25 AM 10: 3

ARTICLE VI Admission of Additional Members

Additional members will be admitted only with the unanimous consent of all Members upon such terms as are unanimously agreed to by all Members.

ARTICLE VII

Members Rights to Continue Business

The remaining members of the Limited Liability Company shall have the right 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.

Dated this 27 day of May, 2006.

By: TOHNSON W, CHATHEN/ JOHNSON W. CAUTHEN

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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is BOKEELIA CROSSED PALMS UNIT ONE, LLC.

2. The name and address of the registered agent and office is:

JOHNSON W. CAUTHEN 4353 Michigan Link Fort Myers, FL 33916 Office: (239) 334-7343

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.

Dated: May 24, 2006

W, CANTHE JOHNSON W. CAUTHEN **MAX 52**

AH 10: 3

: STATE

05/24/06