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Florida Department of State

2006 JUN -6 A II: 18

Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:
    Division of Corporations
    Fax Number   : (850)205-0383

From:
    Account Name   : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
    Account Number   : 075350000353
    Phone   : (212)431-5000
    Fax Number   : (212)431-1441

DIVISION OF CORPORATION
06 JUN -6 AH 8:00
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

GUIDA INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$125.00

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2006 JUN -6 A 11: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

GUIDA INVESTMENTS, 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:

<u>**Principal Office Address:**</u>

835 PAINTED BUNTING LANE
VERO BEACH, FL 32963

<u>**Mailing Address:**</u>

835 PAINTED BUNTING LANE
VERO BEACH, FL 32963

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:
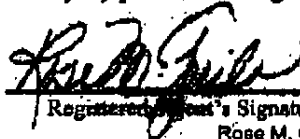
ROSE M. GUIDA
_____
Name

835 PAINTED BUNTING LANE
Florida street address (P.O. Box **NOT** acceptable)

VERO BEACH   FL 32963
_____
City, 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..

X _____
Registered Agent's Signature (REQUIRED)
Rose M. Guida

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: JUN -6 A 11: 18

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TALLAHASSEE, FLORIDA

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

Rose M. Guida
835 PAINTED BUNTING LANE
VERO BEACH, FL 32963

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

X _____

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Rose M. Guida, Managing Member
Typed or printed name of signee

Filing Fees:

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

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