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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

606-60613
R

BERNARD J. LONG, JR.
1012 NEW YORK AVENUE
CAPE MAY, NEW JERSEY 08204
(609) 884-2937

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: The Rookery Group, L.L.C.

To Whom It May Concern:

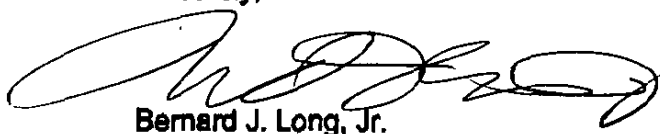
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Bernard J. Long, Jr.
1012 New York Avenue
Cape May, NJ 08204

For further information concerning this matter, please call Bernard J. Long, Jr. at (609) 884-2937.

Enclosed is a check in the amount of \$125³⁰ for the filing fee. *and notice*

Sincerely,


Bernard J. Long, Jr.

Enclosure

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:**

The name of the Limited Liability Company is:

The Rookery Group, 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 Address:

26671 Rookery Lake Drive
Bonita Springs, FL 34134

Mailing Address:

26671 Rookery Lake Drive
Bonita Springs, FL 34134

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 is:

Bernard J. Long, Jr.
26651 Rookery Lake Drive
Bonita Springs, Florida 34134

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.

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Manager is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Manager

Name and Address:

MGRM

John E. Akitt
26671 Rookery Lake Drive
Bonita Springs, Florida 34134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 15, 2006. (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:


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 herein are true.)

By: Bernard J. Long, Jr.
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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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)