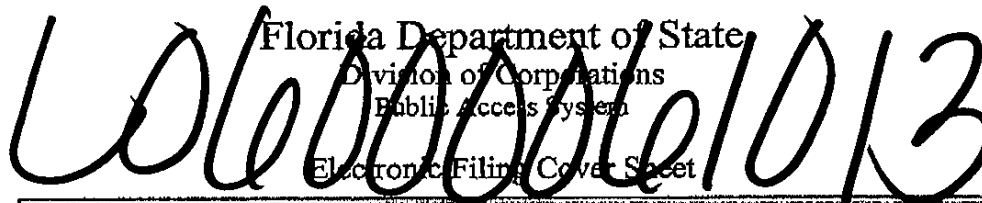


Division of Corporations

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

From:
Account Name : MIZELL LAW FIRM, P.A.
Account Number : I20060000056
Phone : (941) 575-9291
Fax Number : (941) 575-9296

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Caelum, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
CAELUM, LLC**

Pursuant to Section 608.407, Florida Statutes, these Articles of Organization for a limited liability company provide that:

ARTICLE I - NAME

The name of the limited liability company is CAELUM, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the limited liability company is 56 Colony Point Drive, Punta Gorda, FL 33950-5208.

ARTICLE III - REGISTERED AGENT

The name and street address of the initial registered agent for service of process is John B. Mizell.

ARTICLE IV - MANAGEMENT

The Company shall be a member managed company.

ARTICLE V - DURATION

The duration of this Company shall be perpetual.

ARTICLE VI - PURPOSE

The purpose for which this Company is formed is to engage in any lawful acts or activities for which limited liability companies may be formed under Section 608.403 of the Florida Statutes.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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 CAELUM, LLC.
2. The name and address of the registered agent and office is:

John B. Mizell, 307 East Marion Avenue, Punta Gorda, Florida 33950.

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.



John B. Mizell

Dated:

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JUN-8-2006 09:27A FROM:

TO: 19415759296

P: 2/6

IN WITNESS WHEREOF, the undersigned, has hereunto subscribed her name and affixed her seal this 7 day of June, 2006.

Witnesses:

[Signature] [Signature]
Print Name: Steven T. Strickler Michelle M. Strickler, member manager

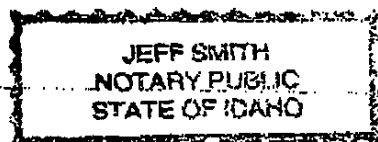
Print Name: _____

STATE OF IDAHO:

COUNTY OF Bannock

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared MICHELLE M. STRICKLER to me known to be the person described as incorporator or who has produced Florida Driver License as identification, and who executed the foregoing Articles of Organization, and she acknowledged that she executed the same for the purposes therein stated and did not take an oath.

WITNESS my hand and official seal in the State and County aforesaid this 7 day of June, 2006.



[Signature]
Printed Name: Jeff Smith
Notary Public
State of Idaho
Commission Number: _____
Commission Expiration Date 12-31-08

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