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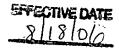
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|-----------------|-----------------------------|---|---|---|
| | 522 Uh | ionamina Dina Iana | | |
| SUBJECT: | 332 WII | ispering Pine Lane | d Liability Company) | |
| | | (14athe of Ethnee | a Liability Company) | |
| The enclosed | Articles of | f Organization and fee(s) are s | ubmitted for filing. | |
| Please return | all corresp | ondence concerning this matte | r to the following: | |
| | | | | |
| | Marsha | l Gorwitz | | |
| | | (| Name of Person) | |
| | United | Financial Group, I | nc. | |
| | ,, | (| Firm/Company) | · · · · · · · · · · · · · · · · · · · |
| | 660 W. | Ridgeview Drive | | |
| | | RIGGETICH DILVE | (Address) | |
| | | | | |
| | Applet | on, WI 54911 | | |
| | | (City. | /State and Zip Code) | |
| For firether is | formation | concerning this matter, please | anll: | |
| roi iudici ii | normanon | concerning this matter, please | can. | |
| Marshal | Gorwit | z | at (920) 968-810 | 7 |
| | (Name | of Person) | at (920) 968-810 (Area Code & Daytime To | elephone Number) |
| | | | | |
| Enclosed is | a cneck 10 | or the following amount: | | |
| □ \$125.00 F | iling Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns |



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| AK | HCL | Ľ I | - , | N. | ame | : |
|-----|------|-----|-----|-----|-----|-----|
| Tha | nama | ٥f | th. | ۸ ۱ | | ٠., |

The name of the Limited Liability Company is:

532 Whispering Pine Lane 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 Ac | idress: | <u>Mailing Address:</u> | |
|--|-----------------------------------|--|---|
| | Blvd. Unit 1204 | 660 W. Ridgeview Drive | |
| Naples, FL 341 | 103 | Appleton, WI 54911 | <u></u> |
| (The Limited Liability Cor business entity with an ac | npany cannot serve as its own Reg | ed Office, & Registered Agent's Sign gistered Agent. You must designate an individual of the registered agent are: | nature: 06 AUG 22 ranother SECRLIAN |
| _ | Nam | ne | i i |
| _ | 4901 Gulf Shore Bl | vd., Unit 1204 | , P |
| • | Florida street a | address (P.O. Box NOT acceptable) | AM II: 37 Un STATE E, FLORIDA |
| _ | Naples | FL 34103 |) A |
| | City State | e and Zin | |

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

| <u>Title:</u> | Name and Address: | |
|--------------------------------|---|--|
| "MGR" = Manag "MGRM" = Mana | | |
| MGR | Jon D. McMurtrie 4901 Gulf Shore Blvd., I Naples, FL 34103 | Jnit 1204 |
| | | |
| | | |
| | | |
| | late, if other than the date of filing: August 18, 2006 ed, the date must be specific and cannot be more than fr | |
| <u>REQUIRED</u> SIO | SNATURE: | |
| | Signature of a member or an authorized representative of a men | nber. ASS 6 |
| | (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perthat the facts stated herein are true.) | FILED 06 AUG 22 AM II: 37 SECNETÁIN OF STATI TALLAHASSEE, FLORIG |
| | Jon D. McMurtrie, Manager Typed or printed name of signee | AMII: |
| Filing Fees: | | 37 ABA |

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