Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000223991 3)))



H060002239913ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: LAW OFFICE OF KENT A. SKRIVAN, PLLC Account Name

Account Number : I20040000145

Phone (239) 597-4500

Fax Number (239) 597-5623

06 SEP -8 PM 2: 46

ORIDA/FOREIGN LIMITED LIABILITY CO.

1444 Nighthawk Pointe, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H06000223991 3)))

ARTICLES OF ORGANIZATION OF 1444 NIGHTHAWK POINTE, LLC

The undersigned acting as organizer of 1444 NIGHTHAWK POINTE, LLC, under the Florida Limited Liability Company Act, adopts the following Articles of Organization for said limited liability company.

ARTICLE I

The name of the limited liability company shall be 1444 NIGHTHAWK POINTE, LLC, (the "Company").

ARTICLE II DURATION

This Company shall exist perpetually, unless dissolved according to law or as set forth in any Operating Agreement adopted by the Company.

ARTICLE III PURPOSE

The Company is organized pursuant to the Florida Limited Liability Company Act for the purpose of conducting any lawful activity in Florida, with the powers described in the Florida Limited Liability Company Act and as set forth in any Operating Agreement adopted by the Company.

ARTICLE IV BUSINESS ADDRESS/MAILING ADDRESS

The address of the place of business in this State of the Company shall be 15 Panther Lane, Naples, Florida 34109. The mailing address of the Company shall be 15 Panther Lane, Naples, Florida 34109.

Prepared by: Kent A. Skrivan, Esq. 801 Laurel Oak Drive, Ste. 705 Naples, Florida 34108 (239) 597-4500 Bar #0893552

(((H06000223991 3)))

O6 SEP -8 AM IO: 09
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

(((H06000223991 3)))

ARTICLE V REGISTERED AGENT

The name and address of the Company's initial registered agent and registered office is Kent A. Skrivan, The Law Offices of Kent A. Skrivan, 801 Laurel Oak Drive, Suite 705, Naples, Florida 34108.

ARTICLE VI ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted to the Company upon the consent of and approval of the manager and then only upon the condition that a new member be bound by and become a party to any Operating Agreement of the Company.

ARTICLE VII DISSOLUTION, CONTINUATION

The members shall have the right to continue the Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the membership of a member in the Company as provided in any Operating Agreement adopted by the Company.

ARTICLE VIII MANAGEMENT

The Company is to be managed by a Manager. The name and address of the initial Manager of the Company is:

John Covelli 15 Panther Lane Naples, Florida 34109

(((H06000223991 3)))

(((H06000223991 3)))

ARTICLE IX ADDITIONAL PROVISIONS

The effective date of this limited liability company shall be upon filing.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed this and an executed this and the caused these Articles of Organization to be executed this and the caused the caused these Articles of Organization to be executed this and the caused the cause

By: New A. Skrivan, Authorized Agent

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

STATE OF FLORIDA)
COUNTY OF COLLIER) ss.)

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized to take acknowledgments, personally appeared Kent A. Skrivan, to me known to be the person described in and who executed the foregoing Articles of Organization of 1444 NIGHTHAWK POINTE, LLC. Kent A. Skrivan is personally known to me or has produced ______ as identification.

WITNESS my hand and official seal in the County and State named above, this day of September, 2006.



Notary Public

My Commission Expires:

3

(((H060002239913)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/RESISTERED OFFICE

In compliance with Section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered agent/registered office, in the State of Florida:

- 1. The name of the Limited Liability Company is 1444 NIGHTHAWK POINTE, LLC
 - 2. The name and address of the registered agent and registered office is:

Kent A. Skrivan
The Law Offices of Kent A. Skrivan
801 Laurel Oak Drive, Sulte 705
Naples, Florida 34108

Kent A. Skrivan, Authorized Agent

ACCEPTANCE:

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 relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

KENT A. SKRIVAN

4

(((H06000223991 3)))