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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Registration Section

Division of Corporations	
SUBJECT: Nature Coast (Name of Limited L	+ Investors, LLC iability Company)
The enclosed Articles of Organization and fee(s) are subr	nitted for filing.
Please return all correspondence concerning this matter to	the following:
Elizabeth A.	Gaines ne of Person)
Nature Coast I	Envestors, LLC
10810 NE 105	
Archer, Floris	,
/ (City/Sta	te and Zip Code)
For further information concerning this matter, please call	:
ELizabeth A. Garnes at (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status C	\$155.00 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE I - Name:	
The name of the Limited Liability Company is	:
Nature Coast I	investors, LLC
(Must end with the words "Limited Liability Company, "Limi	ted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10810 NE 105th Ave. Archer, FL 32618	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Elizabeth	A. Gaines

Name 10810 NE 10544 Ave.
Florida street address (P.O. Box NOT acceptable) Archer FL 326/8
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..

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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Elizabeth A. Gaines 10810 NE 105th Ave. Archer IFL 32618
MGRM	Gerald A. Gainos 10810 NE 1054h Ave Archer IFL 32618
 	
(Use attachment if necessary)	
	date of filing: (OPTION e specific and cannot be more than five business da

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 stated herein are true.)

ELizabeth A. Gainos

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)