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(City/State/Zip/Phone #)

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(Business Entity Name)

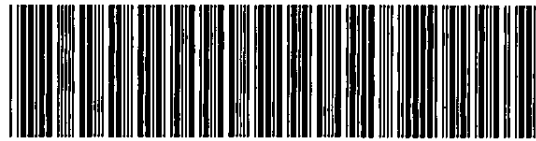
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FILED
2007 MAR - 1 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED

2007 MAR -1 AM 10:46

Pursuant to Section 608.407 Florida Statutes, the Limited Liability Company named below submits the following Articles of Organization to the SECRETARY OF STATE, TALLAHASSEE, FLORIDA.

ARTICLE I
Name

The name of the Limited Liability Company is CINELLI FAMILY LIMITED LIABILITY COMPANY.

ARTICLE II
Address

The mailing address and street address of the Principal Office is 2626 Tampa Road, Suite 101, Palm Harbor FL 34684-3110.

ARTICLE III
Business

This Limited Liability Company shall engage in the business of ownership of real, personal and/or mixed property.

ARTICLE IV
Duration

The Limited Liability Company shall commence upon filing the Certificate with the Secretary of State of Florida and shall continue until the expiration of fifty (50) years thereafter unless sooner dissolved by law or by written consent of all the Members hereto.

ARTICLE V
Management

The Limited Liability Company shall be managed by its authorized Member whose name, mailing address and street address is Patrick P. Cinelli, 2626 Tampa Road, Suite 101, Palm Harbor FL 34684-3110.

ARTICLE VI
Restrictions on Transfers

No Member may sell, assign, transfer, encumber, or otherwise dispose of any interest in the Limited Liability Company without the prior written consent of all of the Members. A Member may transfer his or her interest in the Company as set forth in the Regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a Member unless all the other Members of the Company other than the Member proposing to dispose of his or her interest and the Manager approve of the proposed transfer by unanimous written consent.

ARTICLE VII
Members Rights to Continue Business

The death, withdrawal of a Member, whether voluntary or involuntary, expulsion, bankruptcy or dissolution of a Member shall not terminate the Limited Liability Company, which business shall continue so long as there is at least one remaining Member.

ARTICLE VIII
Effective Date

The effective date of the Limited Liability Company shall be as of the date of filing with the Secretary of State of Florida.

These Articles of Organization of a Florida Limited Liability Company are executed by either a majority in voting interest of the Members or by one or more Members authorized by a majority in voting interest of the Members.

SIGNED this 26th day of February, 2007.

WITNESSES:

AUTHORIZED MEMBER:

Patrick P. Cinelli
Sign Name

Patrick P. Cinelli
Patrick P. Cinelli, Manager

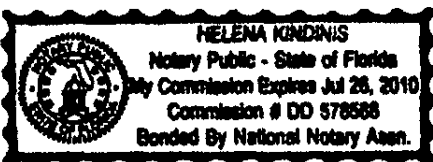
PATRICK CINELLI
Print Name

Marilia Alvarez
Sign Name

Marilia Alvarez
Print Name

STATE OF FLORIDA
COUNTY OF PINELLAS

I HEREBY CERTIFY that on the 26 day of February, 2007, the foregoing was acknowledged before me by Patrick P. Cinelli () who is personally known to me or (☒) who produced Drivers License as identification and who () did or (☒) did not take an oath.



Helena Kindinis
Notary Public, State of Florida

Helena Kindinis
(Printed Name)
My Commission Expires: 7/26/10
Commission No. DD 578588

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of section 608.415 Florida Statutes, the undersigned **LIMITED LIABILITY COMPANY**, organized under the laws of the State of Florida, 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:

CINELLI FAMILY LIMITED LIABILITY COMPANY

2. The name and address of the registered agent and office is:

**Patrick P. Cinelli
2626 Tampa Road, Suite 101
Palm Harbor, FL 34684-3110**

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.



Patrick P. Cinelli
Registered Agent

Date: February 26, 2007

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TALLAHASSEE, FLORIDA