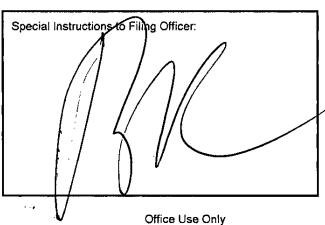
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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TO ACKADIVLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE OF STATE OF CORPORATION OF CORP



ACCOUNT	NO.	:	072100000032

REFERENCE :

268621

7401944

AUTHORIZATION :

COST LIMIT : \$ 123.0

ORDER DATE : October 11, 2007

ORDER TIME : 3:02 PM

ORDER NO. : 268621-005

CUSTOMER NO: 7401944

DOMESTIC FILING

NAME:

EVERGLADES RESORT & MARINA,

LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLA	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	ARCAR I
Everglades Resort & Marina, LLC	75,72 3 0
Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	OPET CONTRACTOR OF THE PERSON
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
Raymond Salvidio	Raymond Salvidio
801 Laurel Oak Drive, Suite 618	801 Laurel Oak Drive, Suite 618
Naples, FL 34108	Naples, FL 34108
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Raymond Salvidio	
Name	
801 Laurel Oak Drive, S	uite 618
Florida street addr	ess (P.O. Box NOT acceptable)

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..

FL 34108

Raymond Salvidio BY: Registered Agent's Signature (REQUIRED)

City, State, and Zip

Naples

(CONTINUED) Page 1 of 2

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managin;	Member
	10Xellider
MGRM	Lanco W. Kupisch
	201 N. Church Road
	Bensenville, II. 60106
MGRM	David B. Wish
	1170 N. Milwaukee Avenue
	Chicago, IL 60622
Use attachment if nec	pasary)
•	•
LEV: Effective date,	f other than the date of filing: (OPTION
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LE V: Effective date, fective date is listed, to days after the date of REOUIRED SIGNATIONS.	f other than the date of filing:
LE V: Effective date, fective date is listed, to days after the date of REOUIRED SIGNATION Sign (In a of the	f other than the date of filing:

Page 2 of 2

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