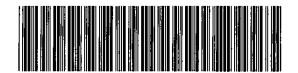
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## COVER LETTER

| TO:    | Registration Section Division of Corporations   |         |              |
|--------|---|---------|--------------|
| SUBJ   | ECT. Chrissy's at Bayfront, L.L.C.  |         |              |
| 5020   | (Name of Limited Liability Company)   |         |              |
|        |   | į       | -            |
| The er | nclosed Articles of Organization and fee(s) are submitted for filing.   |         |              |
| Please | e return all correspondence concerning this matter to the following:  |         |              |
|        | Christine Bianchi-Rabil   |         |              |
|        | (Name of Person)  |         |              |
|        |   |         | _            |
|        | · (Firm/Company)  | 07      | SE           |
|        | 469 Bayfront Place  | 330     | SET OF       |
|        | (Address)   | 9       | PARY<br>CONT |
|        | Naples, Florida 34102   | PX      | 250 C        |
|        | (City/State and Zip Code)   | <br>—છં | A A A        |
|        |   | 5       | 25           |
| For fu | rther information concerning this matter, please call:  |         |              |
| Chri   | istine Bianchi- Rabil at ( 239 ) 370-3158   |         |              |
|        | (Name of Person) (Area Code & Daytime Telephone Number)   |         |              |
| Enclo  | sed is a check for the following amount:  |         |              |
| _      | 6.00 Filing Fee \$\Bigsup \\$130.00 Filing Fee & \Bigsup \\$155.00 Filing Fee & \Bigsup \\$160.00 Fi | is &    |              |
|        | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle<br>Tallahassee, FL 32301  |         |              |

| ARTICLE I - Name:  | N FOR FLORIDA LIMITED LIABIL  |  |
|--|---|--|
| The name of the Limited Liability  | Company is:   | 2 399                                      |
| Chrissy's at Bayfront, L.L.C   | C. s "Limited Liability Company, "L.L.C.," or "LLC.")   | F CORPORATIONS                             |
| ADTICLE  |   |  |
| ARTICLE II - Address: The mailing address and street add   | ress of the principal office of the Limited Lia   | ahility Company is                         |
| The maning address and street add  | ress of the principal office of the Elimica Eli   | company is:                                |
| Principal Office Address:  | <b>Mailing Address:</b>   |  |
| 460 Routront Blaco   | ACO Desident Plans  |  |
| 469 Bayfront Place<br>Naples, Florida 34102  | 469 Bayfront Place Naples, Florida 34102  |  |
|  |   |  |
| ARTICLE III - Registered Agent (The Limited Liability Company cannot serve   | t, Registered Office, & Registered Agent's as its own Registered Agent. You must designate an indivi  | Signature:                                 |
| ARTICLE III - Registered Agent<br>(The Limited Liability Company cannot serve<br>business entity with an active Florida registra                           | as its own Registered Agent. You must designate an indivi   | Signature:<br>dual or another              |
| (The Limited Liability Company cannot serve  | as its own Registered Agent. You must designate an indivi-<br>tion.)  | Signature: dual or another  EFFECTIVE DATE |
| (The Limited Liability Company cannot serve<br>business entity with an active Florida registra<br>The name and the Florida street ad                       | as its own Registered Agent. You must designate an indivi-<br>tion.)  | dual or another .                          |
| (The Limited Liability Company cannot serve<br>business entity with an active Florida registra<br>The name and the Florida street ad                       | as its own Registered Agent. You must designate an indivision.)  dress of the registered agent are:   | dual or another .                          |
| (The Limited Liability Company cannot serve business entity with an active Florida registra  The name and the Florida street ad  Christine Bi              | as its own Registered Agent. You must designate an indivision.)  dress of the registered agent are:  anchi- Rabil  Name   | dual or another .                          |
| (The Limited Liability Company cannot serve business entity with an active Florida registra  The name and the Florida street ad  Christine Bi  469 Bayfron | as its own Registered Agent. You must designate an indivision.)  dress of the registered agent are:  anchi- Rabil  Name   | dual or another .                          |
| (The Limited Liability Company cannot serve business entity with an active Florida registra  The name and the Florida street ad  Christine Bi  469 Bayfron | as its own Registered Agent. You must designate an indivisition.)  dress of the registered agent are:  anchi- Rabil  Name  1 Place  Iorida street address (P.O. Box NOT acceptable) | dual or another .                          |
| (The Limited Liability Company cannot serve business entity with an active Florida registra  The name and the Florida street ad  Christine Bi  469 Bayfror | as its own Registered Agent. You must designate an indivisition.)  dress of the registered agent are:  anchi- Rabil  Name  1 Place  Iorida street address (P.O. Box NOT acceptable) | dual or another .                          |

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| MGRM                                   | Christine Bianchi-Rabil                     |              |
|--|---|--------------|
|  | 469 Bayfront Place                          |              |
|  | Naples, Florida 34102                       |              |
| •                                      |   |              |
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| (Use attachment if necessary)          |   |              |
| TEV. Effective date if other than th   | e date of filing: 1-1-2008 (                | OPTIONAI     |
| ffective date is listed, the date must | be specific and cannot be more than five bu | isiness days |
| days after the date of filing.)        |   |              |

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.)

Christine Bianchi-Rabil

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)