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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

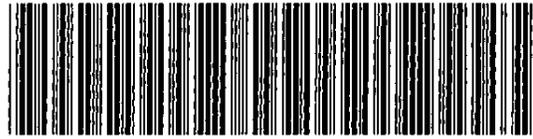
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CUMMINS & NAILOS, P.A.
ATTORNEYS AT LAW

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NORMAN C. CUMMINS
HEATH B. NAILOS
KRISTIN CUMMINS NAILOS

April 29, 2008

Division of Corporations
DEPARTMENT OF STATE
Post Office Box 6327
Tallahassee, FL 32314

RE: ADRIATICO PROPERTIES, LLC

Dear Ladies or Gentlemen:

Enclosed please find the original and one copy of the Articles of Organization for the above-named limited liability company, the original of which is to be filed with your office. Enclosed is my check in the sum of \$193.75 to cover the cost of filing the Articles as follows:

1.	Filing Fee:	\$ 138.75
2.	Certified Copy:	30.00
3.	Registered Agent Designation:	<u>\$ 25.00</u>
	TOTAL	\$ 193.75

Please certify the enclosed copy and return same to our office.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



CAROL HALL
Legal Assistant to
NORMAN C. CUMMINS

/cfh

Enclosures

CAROL/LLC FILE LTR

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

ARTICLES OF ORGANIZATION

OF

ADRIATICO PROPERTIES, LLC

The undersigned, being a duly authorized member, desiring to form a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

ARTICLE I: NAME

The name of the limited liability company is **ADRIATICO PROPERTIES, LLC, (the "Company")**.

ARTICLE II: ADDRESS

The mailing address and street address of the principal office of the Company is 6575 State Road #11, DeLeon Springs, Florida 32130.

ARTICLE III: DURATION

The period of the Company's duration shall be perpetual, unless terminated in accordance with the Company's regulations.

ARTICLE IV: PURPOSE

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE V: REGISTERED OFFICE AND AGENT

The company designates 6575 State Road #11, DeLeon Springs, FL 32130, as the street address of the initial registered office of the Company and names **CARMEN R. CLIFTON**, the Company's initial registered agent at that address to accept service of process within this state.

ARTICLE VI: ADDITIONAL MEMBERS

Additional Members may be admitted upon the approval of all of the Members of the Company.

ARTICLE VII: MEMBERS RIGHT TO CONTINUE BUSINESS

The right, if given, of the remaining members of the Company to continue business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in the Company will be provided in the Regulations of the Company.

ARTICLE VIII: MANAGEMENT

This Company is manager-managed company. The initial Manager is **CARMEN R. CLIFTON**, of 6575 State Road #11, DeLeon Springs, FL 32130.

ARTICLE IX: REGULATIONS

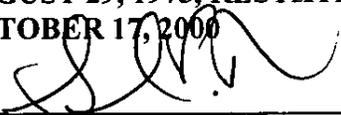
The power to adopt, alter, amend, or repeal the Regulations of the Company will be vested in the Members of the Company.

Dated this 9th day of January, 2008.



CARMEN R. CLIFTON, Co-Trustee of
VENANCIO A. ADRIATICO TRUST
AGREEMENT, DATED AUGUST 29,
1975, RESTATED OCTOBER 17, 2000

CHARLES SCHWAB BANK, Co-
Trustee of VENANCIO A. ADRIATICO
TRUST AGREEMENT, DATED
AUGUST 29, 1975, RESTATED
OCTOBER 17, 2000

By: 

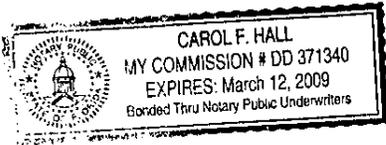
Shawn P. Wilson

Its: Senior Trust Officer

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 9th day of January, 2008 by **CARMEN R. CLIFTON**, as Co-Trustee of the above trust, and who:

- is personally known to me.
- produced Florida driver's license(s) as identification.
- produced _____ as identification.



Carol F. Hall
Notary Public

My commission expires:

STATE OF Delaware
COUNTY OF New Castle

April The foregoing instrument was acknowledged before me this 23rd day of January, 2008 by Shawn P. Wilson, as Sr. Trust Officer of **CHARLES SCHWAB BANK**, as Co-Trustee of the above trust, and who:

- is personally known to me.
- produced Florida driver's license(s) as identification.
- produced _____ as identification.

Donna M. Rafa
Notary Public

My commission expires:

DONNA M. RAFA
NOTARY PUBLIC
STATE OF DELAWARE
My commission expires Nov. 21, 2009

**CERTIFICATE OF DESIGNATION OF
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 AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **ADRIATICO PROPERTIES, LLC.**
2. The name and address of the registered agent and office is **CARMEN R. CLIFTON**, of 6575 State Road #11, DeLeon Springs, FL 32130.

Dated this 9th day of January, 2008.

Carmen R. Clifton
CARMEN R. CLIFTON

Having been named as Registered Agent to accept service of process for the above referenced limited liability company, at the place designated in this certificate, I hereby agree to the appointment as Registered Agent and agree to act in that 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.

Carmen R. Clifton
CARMEN R. CLIFTON
Registered Agent

1-9-08
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA