Hea Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000136913 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

SCOTT M. GRANT, G. MCLEOD Account Number: 102603003131

: (239)649-4848

Fax Number

: (239)643-9810

MAY 27 2008

EXAMINER

ORIDA/FOREIGN LIMITED LIABILITY CO.

Chokoloskee Island Properties, LLC

08 MAY 23 AM 10: 05

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

(((H08000136913 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

CHOKOLOSKEE ISLAND PROPERTIES, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

2008 Crestview Way Naples, FL 34119

ARTICLE III DURATION

The period of duration for the Limited Liability Company shall be indefinite.

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by a Manager and the name and address of such Manager who is to serve as Manager is:

Jason Mayberry 2008 Crestview Way Naples, FL 34119

ARTICLE V ADMISSION OF ADDITIONAL MEMBERS

Upon unanimous approval by the Members, the Company is authorized to issue additional Units in the Company and to admit Additional Members to the Company.

SECRETARY OF STATE
DIVISION OF CORPORATIO

(((H08000136913 3)))

ARTICLE VI MEMBERS' RIGHTS TO CONTINUE BUSINESS

The remaining members of the company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

<u>ARTICLE VII</u> REGISTERED AGENT

The name and address of the registered agent is:

Scott M. Grant, Esq. Scott M. Grant, P.A. 3337 Tamiami Trail N. Naples, FL 34103

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, Florida Statutes.

SCOTT M/GRANT

These Articles are executed this 15 day of ________, 2008 by the undersigned Initial Member of CHOKOLOSKEE ISLAND PROPERTIES, LLC, pursuant to Section 608.408(3) of the Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

MANAGER:

JASON MAYBERRY