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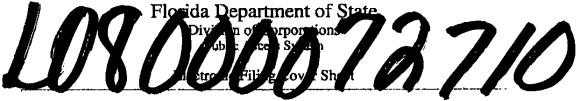
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Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

ACCOUNT Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.

Account Number : 075410002172 Phone : (239)344-1100 Pax Number : (239)344-1200

FLORIDA/FOREIGN LIMITED LIABILITY CO.

LARE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION OF LARE, LLC

ARTICLE J-NAME

The name of the limited liability company shall be LARE, LLC (the "Company").

ARTICLE ILMAILING AND STREET ADDRESS

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

2450 ESTERO BOULEVARD FORT MYERS, FLORIDA 33931

ARTICLE II-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company is:

Name

Address

PHILLIP G. BELLI

2450 ESTERO BOULE/ARD FORT MYERS, FLORIDA 33931

ARTICLE V-PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VIMANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following is the name

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LARIE - Articles of Organization

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and address of the Initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

<u>Name</u>

<u>Address</u>

PHILLIP G. BELLI

2450 ESTERO BOULEVARD FORT MYERS, FLORIDA 33931

ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, after, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the effairs of the Company.

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SEGRETARY OF STATE
TAIL AHASSEE, FLORID

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CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 6C8.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY 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: LARE, LLC:,
- 2. The name and address of the registered agent and office is:

PHILLIP G. BELL) 2450 ESTERO BOULEVARD FORT MYERS, FLORIDA 33531

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.

PHILLIP G BELLY Registered Agent

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SEGRETARY OF STATE
TALLAHASSEE, FLORID

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