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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CUMMINGS & LOCKWOOD
Account Number : 102336001100
Phone : (239) 649-3186
Fax Number : (239) 263-0703

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ChiLand, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION
OF
CHILAND, LLC

ARTICLE I
NAME

The name of this Limited Liability Company is ChilLand, LLC (the "Company").

ARTICLE II
ADDRESS

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

c/o Cummings & Lockwood LLC
The Brooks Grand Plaza
8000 Health Center Boulevard, Suite 300
Bonita Springs, Florida 34135

ARTICLE III
PURPOSE

The purpose for which this Limited Liability Company is organized is for any and all lawful business as a manager-managed Limited Liability Company.

ARTICLE IV
REGISTERED OFFICE AND AGENT

The initial registered office and agent of this Company shall be CLASP, INC., 3001 Tamiami Trail North, 4th Floor, Naples, Florida 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.


WILLIAM N. HOROWITZ
Vice President

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ARTICLE V
MANAGEMENT

The Company is to be managed by the Manager or Managers as elected at the First Meeting of the Members.

Dated this 4th day of September, in the year 2008.



WILLIAM N. HOROWITZ
Authorized Representative

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