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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Southern Land Investment Co., LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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EXAMINER

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**ARTICLES OF ORGANIZATION
OF
SOUTHERN LAND INVESTMENT CO., LLC**

**ARTICLE I
NAME**

The name of this Limited Liability Company is Southern Land Investment Co., LLC (the "Company").

**ARTICLE II
DURATION**

The period of duration for the Company is perpetual.

**ARTICLE III
ADDRESS**

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

1185 Immokalee Road, Suite 110
Naples, Florida 34110

**ARTICLE IV
REGISTERED OFFICE AND AGENT**


The initial registered office of this Company shall be c/o Cox & Nici, 1185 Immokalee Road, Suite 110, Naples, Florida 34110, and its initial registered agent at such office shall be Joe B. Cox, Esq.

**ARTICLE V
MANAGEMENT**

The Company is to be a Manager-Managed company and the name and address of the elected Manager who shall serve as Manager until the first annual meeting or until his successor is chosen is:

Joe B. Cox
1185 Immokalee Road, Suite 110
Naples, Florida 34110

Dated effective as of December 16, 2008.



Joe B. Cox
Authorized Representative

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the Company is Southern Land Investment Co., LLC
2. The name and address of the registered agent and office is:

Joe B. Cox, Esq.
c/o Cox & Nici
1185 Immokalee Road, Suite 110
Naples, Florida 34110

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 of the Florida Statutes.

Dated: effective as of December 16, 2008.

By: _____

Joe B. Cox

Initial Registered Agent

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