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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

: CSH SERVICES, LLC Account Name

Account Number : I20070000160 Phone : (BOC)494-3124

: (561)455-9885 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

APPLIED PROPERTY MANAGEMENT, LLC

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J. BRYAN
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

APPLIED PROPERTY MANAGEMENT, LLC

ARTICLE II ADDRESS

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

1575 PINE RIDGE ROAD, STE 16 NAPLES, FLORIDA 34109

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

JAMES O GRAHAM 1575 PINE RIDGE ROAD, STE 16 NAPLES. FLORIDA 34109

Having been named as registered agent 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, F.S.

JAMES O GRAHAM / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
JAMES O GRAHAM
1575 PINE RIDGE ROAD, STE 16
NAPLES, FLORIDA 34109

SECRETARY OF STATEONS
OIVISION OF CORPORATIONS
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Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

JAMES O GRAHAM