L090000732 77

Florida 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.

(((H09000173048 3)))

H090001730483ABC%

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   : COX & NICI
    Account Number : I20000000223
    Phone          : (239)254-0706
    Fax Number     : (239)254-0709
```

FILED
09 JUL 30 AM 8: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Bodman-DC, LLC

RECEIVED
09 JUL 30 PH 12: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	$160.00

S. HAWKES

JUL 3 1 2009

EXAMINER

ARTICLES OF ORGANIZATION
OF
BODMAN-DC, LLC

ARTICLE I
NAME

The name of this Limited Liability Company is Bodman-DC, 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:

3007 Rum Row
Naples, Florida 34102

ARTICLE IV
REGISTERED OFFICE AND AGENT

The address of the initial registered office of this Company shall be 1185 Immokalee Road, Suite 110, Naples, Florida 34110, and its initial registered agent at such office shall be James R. Nici, 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 their successors are chosen are:

Karna S. Bodman
3007 Rum Row
Naples, Florida 34102

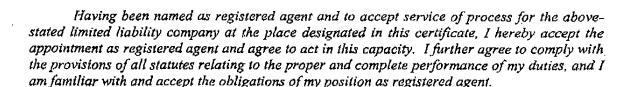Dated effective as of ___July 30___, 2009.

James R. Nici
Authorized Representative

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

1. The name of the Company is Bodman-DC, LLC.

2. The name and address of the registered agent and office is:

James R. Nici, Esq.
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.

Dated effective as of ____July 30____, 2009.

By: _____
James R. Nici
Initial Registered Agent