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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

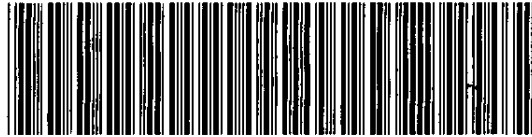
(Document Number)

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Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



THE LAW OFFICE OF
KEVIN F. JURSKINSKI, P.A.

Real Estate and Business Law

July 20, 2009

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Via Federal Express

RE: PURE, LLC

Dear Sirs:

Enclosed please find Articles of Organization and a Certificate Designating Registered Agent for the above limited liability company.

We respectfully request that these articles be filed. We have enclosed our check in the amount of \$160.00 for the filing fee and return of a certified copy of the Articles of Organization to the undersigned.

Should you have any questions, please do not hesitate to contact my office. Thank you for your assistance in this matter.

Respectfully,

Kevin F. Jursinski

KEVIN F. JURSKINSKI

KFJ\lh

Enclosure

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2009

THE LAW OFFICES OF KEVIN F. JURSKINSKI, P.A.
7800 UNIVERSITY POINTE DRIVE, SUITE 200
FORT MYERS, FL 33907

SUBJECT: PURE, LLC
Ref. Number: W09000033479

We have received your document for PURE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 709A00025159

ARTICLES OF ORGANIZATION OF
PURE FORT MYERS, LLC

The undersigned members hereby certify that they have associated for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. The undersigned further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

NAME

The name of the limited liability company shall be **PURE FORT MYERS, LLC** (the "Company").

ADDRESS OF PRINCIPAL PLACE OF BUSINESS

The mailing address and street address of the principal office of this Company shall be 7800 University Pointe Drive, Suite 200, Fort Myers, Florida 33907.

REGISTERED AGENT

The name and address of the initial registered agent in the State of Florida is as follows:

Kevin F. Jursinski, Esquire
7800 University Pointe Drive
Suite 200
Fort Myers, Florida 33907

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MANAGEMENT

The Company shall be manager-managed.

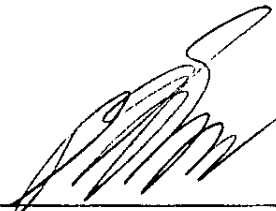
MEMBERSHIP

The Members shall have the right to admit new members upon making such contributions as are set out in the Operating Agreement, and otherwise complying with and agreeing to the terms and provisions of the Operating Agreement.

EFFECTIVE DATE OF FILING

Pursuant to Florida Statute 608.409 the effective date of filing of these Article of Organization and commencement of the existence of this Limited Liability Company shall be the date executed.

Executed by the undersigned members at Fort Myers, Florida, on this 31 day of July, 2009.



PETER SCHMID

STATE OF FLORIDA

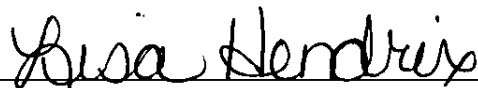
SS:

COUNTY OF LEE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid, to take acknowledgements, personally appeared **PETER SCHMID** to me known to be the person described herein or ~~who produced~~ _____ as identification, and who did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 31 day of July, 2009.





NOTARY PUBLIC
(SEAL)

**CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE
AND REGISTERED AGENT**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS
THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

The name of the limited liability company is **PURE FORT MYERS, LLC**

The name of the initial registered agent of the limited liability company is Kevin
F. Jursinski, Esquire and the address of the office of the registered agent is 7800
University Pointe Drive, Suite 200, Fort Myers, Florida 33907.

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept services 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 that 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.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 31 day of
July, 2009.



KEVIN F. JURSKINSKI, ESQUIRE

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