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S. HAWKES

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EXAMINER

COVER LETTER

Registration Section

Division of Co	orporations		
SUBJECT: McQuad	de Seminole. LLC		
SUBJECT: MORGAN		ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	ı
Please return all corresp	ondence concerning this matt	er to the following:	
Julie Ann Gar	ber, Esq.		
		Name of Person	
Becker & Poli	akoff, P.A.		
 		Firm/Company	
12140 Carissa	a Commerce Court, Suite	200	
- 		Address	
Fort Myers, F	L 33966		
	Cit	y/State and Zip Code	
tammy.mcqua	ade@ubs.com	or future annual report notification)	
For further information	concerning this matter, please		
Julie Ann Garber, E	-sa	at (239)433-7707	
	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	■\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION OF MCOUADE SEMINOLE, LLC

THE UNDERSIGNED, acting as the organizer of MCQUADE SEMINOLE, LLC ("Company"), a limited liability company organized pursuant to Section 608.407 of the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization for the Company:

ARTICLE I - Name

The name of the Limited Liability Company is MCQUADE SEMINOLE, LLC.

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

6657 Willow Lake Circle Ft. Myers, FL 33966

6657 Willow Lake Circle Ft. Myers, FL 33966

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur

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

David L. McQuade 6657 Willow Lake Circle Ft. Myers, FL 33966

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.

Registered Agent's Signature - DAVID L. MCQUADE

ARTICLE IV – Manager(s) or Managing Member(s):

OMB 22 PM 1:23 The name and address of each Manager or Managing Member are as follows:

Title: Name and Address:

MGR David L. McQuade

6657 Willow Lake Circle Ft. Myers, FL 33966

MGR Tamara L. McQuade

> 6657 Willow Lake Circle Ft. Myers, FL 33966

ARTICLE V – Management

MCQUADE SEMINOLE, LLC is a manager-managed limited liability company and shall be managed by the manager(s) who is(are) designated, appointed or elected to act in such capacity in accordance with the Operating Agreement of the Limited Liability Company.

The persons who are designated or appointed as Manager(s) shall carry out and further the decisions and actions of the Manager(s) or member(s) made pursuant to the Operating Agreement and shall be authorized to execute any and all reports, forms, instruments, documents, papers, writings, agreements and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages, and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred or evidenced, which are necessary, appropriate or beneficial to carry out or further such decisions or actions.

ARTICLE VI – Duration

The period of duration for the Limited Liability Company shall be perpetual.

Signature of a member or an authorized representative of a member.

UIRED SIGNATURE:

DAVID L. MCQUADE

(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)