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TO:

Registration Section

Division of Corporations Baelea Investments, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: John J. Bleidt Name of Person John J. Bleidt, Attorney at Law, PSC Firm/Company 105 S. Sherrin Avenue Address Louisville, KY 40207 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John J. Bleidt 3896-2301 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **□**\$125.00 Filing Fee **□**\$130.00 Filing Fee & ■\$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	iny is:
Baelea Inve	estments, LLC
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6953 Lone Oak Blvd.	105 S. Sherrin Ave.
Naples, Florida 34109	Louisville, KY 40207
	f the registered agent are: n J. Bleidt Name Name N
	one Oak Blvd.
Florida str	reet address (P.O. Box NOT acceptable)
	Naples, FL 34109
C	City, State, and Zip
liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and complete accept the obligations of my position as	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.S

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

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member N/A Tag PA 3: Tag PA 3: (Use attachment if necessary)	Title: "MGR" = Manager	Name and Address:
We attachment if necessary)	MGKM" = Managing N	
(Use attachment if necessary)		N/A
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	(Use attachment if neces	ary)
CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days pr	CLE V: Effective date, if o	her than the date of filing: (OPTIONAL)
	REQUIRED SIGNATU	RE:
REQUIRED SIGNATURE:		Jan Bou
REQUIRED SIGNATURE:		
Signature of a member or an authorized representative of a member.	(In according to the second se	lance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury acts stated herein are true.)
Jan Row	Marie Landers and Control of the Con	John J. Bleidt, Attorney at Law

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)