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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

LAW OFFICES
RICHARD D. SNEED, JR., P. A.
SUITE 206, MARDI EXECUTIVE CENTER
1905 SOUTH 25TH STREET
FT. PIERCE, FLORIDA 34947

TELEPHONE (772) 465-2330
(772) 465-7557

FAX (772) 465-2342
E-Mail: Upon Request

October 25, 2010

Florida Department of State
Division of Corporations
Attn.: Corporate Filings
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Conch Alley, LLC

Dear Sir or Madame:

Enclosed please find the following for filing purposes:

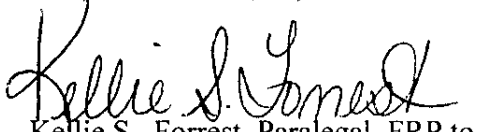
Articles of Organization for Conch Alley, LLC

Also enclosed is my firm's check in the amount of \$130.00, which represents the filing fee and certificate of status. Please file the Articles of Organization for Conch Alley, LLC.

Thank you.

Very truly yours,

Law Offices of
Richard D. Sneed, Jr., P.A.


Kellie S. Forrest, Paralegal, FRP to
Richard D. Sneed, Jr., Esquire
RDS/ksf/enc.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Conch Alley, LLC
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:

Richard D. Sneed, Jr., Esq.

Name of Person

Richard D. Sneed, Jr., P.A.

Firm/Company

1905 S. 25th Street, Suite 206

Address

Fort Pierce, Fl. 34947

City/State and Zip Code

kellieann@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kellie Forrest

Name of Person

at (772) 465-2330

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Conch Alley, LLC

(Must end with the words "Limited 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:

10100 South Federal Highway
Port St. Lucie, Fl. 34952

Mailing Address:

10100 South Federal Highway
Port St. Lucie, Fl. 34952

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Christine L. Williams

Name

10100 South Federal Hwy.

Florida street address (P.O. Box **NOT** acceptable)

Port St. Lucie, FL 34952

City, State, and Zip

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TALLAHASSEE, FLORIDA

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, F.S..

Christine L. Williams

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Christine L. Williams
10100 S. Federal Highway
Port St. Lucie, Fl. 34952

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Christine L. Williams

Typed or printed name of signer

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)