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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

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Account Number : I20010000243
Phone : (239) 985-4804
Fax Number : (239) 985-4804

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FLORIDA LIMITED LIABILITY CO.
Palm Escapes, LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION
OF
PALM ESCAPES, LLC

The undersigned, being authorized to execute and file these Articles for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby certifies that:

ARTICLE I - NAME

The name of the limited liability company shall be Palm Escapes, LLC ("Company").

ARTICLE II - ADDRESS

The initial mailing address and the initial street address of the principal business of the Company is 2413 W. Algonquin Road #613, Algonquin, IL 60102-9402.

ARTICLE III - DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual, unless the Company is earlier dissolved by its Members.

ARTICLE IV - PURPOSES AND POWERS

The general purpose for which the Company is organized is to conduct and to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

ARTICLE V - REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent of the Company in the State of Florida is Fowler White Boggs P.A., Attn: Garey F. Butler, 2235 First Street, Fort Myers, FL 33901.

ARTICLE VI - MANAGEMENT

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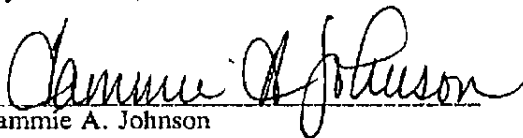
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The Company shall be managed by the members in accordance with the operating agreement adopted by the members for the management of the business and affairs of the Company.

IN WITNESS WHEREOF, the undersigned, an authorized representative, has made and subscribed these Articles of Organization for the foregoing uses and purposes this 16th day of March, 2011.


Tammie A. Johnson

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Palm Escapes, LLC
2. The name and address of the registered agent and office is:

Fowler White Boggs P.A.
Attn: Garey F. Butler
2235 First Street
Fort Myers, FL 33901

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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.

Fowler White Boggs, P.A.

By: Garey F. Butler
Garey F. Butler

March 16, 2011
Date

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