

Division Corporations

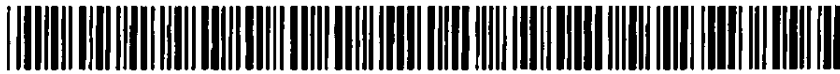
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Florida Department of State  
Division of Corporations  
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## To:

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

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Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.  
Account Number : 075410002172  
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**FLORIDA LIMITED LIABILITY CO.  
BURKE AVM A, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION  
OF  
BURKE AVM A, LLC**

**ARTICLE I-NAME**

The name of the limited liability company shall be BURKE AVM A, LLC (the "Company").

**ARTICLE II-MAILING AND STREET ADDRESS**

The mailing and street address of the principal office of the Company is:

3890 Sawgrass Way, #2322  
Naples, Florida 34112

**ARTICLE III-EFFECTIVE DATE**

This limited liability company's existence shall commence upon the filing of Articles and shall terminate as provided for in the Operating Agreement.

**ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company is:

**Name**

**Address**

ERIN E. HOUCK-TOLL

1715 Monroe Street  
Fort Myers, Florida 33901

**ARTICLE V-PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

**ARTICLE VI-MANAGEMENT OF THE COMPANY**

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following is the name

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and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

Name

Address

DANIEL J. BURKE

3890 Sawgrass Way, #2322  
Naples, Florida 34112

**ARTICLE VII-OPERATING AGREEMENT**

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 22<sup>nd</sup> day of March, 2011.

  
DANIEL J. BURKE  
Authorized Representative

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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.

1. The name of the limited liability company is: BURKE AVM A, LLC.
2. The name and address of the registered agent and office is:

Erin E. Houck-Toll  
1715 Monroe Street  
Fort Myers, Florida 33901

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.

  
ERIN E. HOUCK-TOLL  
Registered AgentSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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