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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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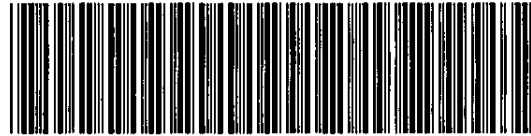
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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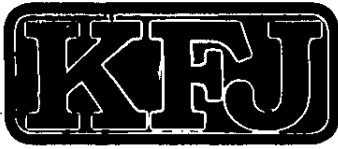
Effective Date 12/29/11

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN -4 AM 11:13

T. HAMPTON

JAN - 6 2012

EXAMINER



**LAW OFFICE OF  
KEVIN F. JURSKINSKI**  
**& ASSOCIATES**  
Real Estate and Business Law

January 3, 2012

Secretary of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Via Federal Express

RE: AV Tropic, LLC

Dear Sirs:

Enclosed please find Articles of Organization and a Certificate Designating Registered Agent for the above limited liability company.

We respectfully request that these articles be filed. We have enclosed our check in the amount of \$160.00 for the filing fee and return of a certified copy of the Articles of Organization to the undersigned.

Should you have any questions, please do not hesitate to contact my office. Thank you for your assistance in this matter.

Respectfully,

A handwritten signature in black ink, appearing to be 'KFJ', with a long horizontal flourish extending to the right.

KEVIN F. JURSKINSKI

KFJ\lh

Enclosures

F:\LawOffice\Clients\Mendes, Eli\Bank of America\LLC Formation\Ltr to Sec of State 01.03.12.doc

Effective Date 12/29/11

**ARTICLES OF ORGANIZATION OF**  
**AV TROPIC, LLC**

The undersigned members hereby certify that they have associated for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. The undersigned further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

**NAME**

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

**ADDRESS OF PRINCIPAL PLACE OF BUSINESS**

The mailing address and street address of the principal office of this Company shall be 2121 McGregor Boulevard, Fort Myers, Florida 33901.

**REGISTERED AGENT**

The name and address of the initial registered agent in the State of Florida is as follows:

Thomas F. Kiesel, Esquire  
2121 McGregor Boulevard  
Fort Myers, Florida 33901

**MANAGEMENT**

The Company shall be manager-managed.

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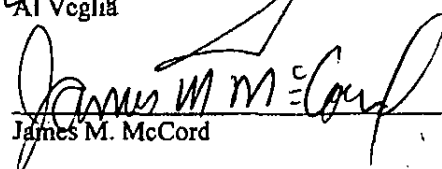
### MEMBERSHIP

The Members shall have the right to admit new members upon making such contributions as are set out in the Operating Agreement, and otherwise complying with and agreeing to the terms and provisions of the Operating Agreement.

### EFFECTIVE DATE OF FILING

Pursuant to Florida Statute 608.409 the effective date of filing of these article of organization and commencement of the existence of this Limited Liability Company shall be the date executed.

Executed by the undersigned members at Fort Myers, Florida, on this 29<sup>th</sup> day of DECEMBER, 2011.

  
Al Veglia  
  
James M. McCord

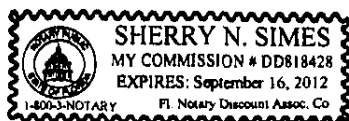
STATE OF FLORIDA

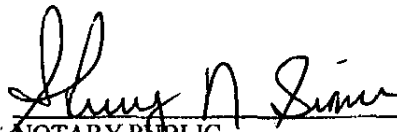
SS:

COUNTY OF LEE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid, to take acknowledgements, personally appeared Al Veglia to me known N/A to be the person described herein or who produced N/A as identification, and who did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 29<sup>th</sup> day of DECEMBER, 2011.



  
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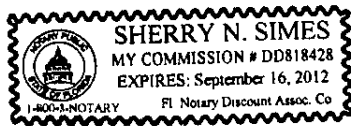
STATE OF FLORIDA

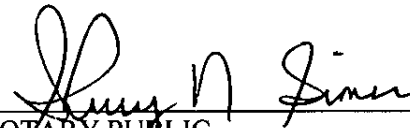
SS:

COUNTY OF LEE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid, to take acknowledgements, personally appeared **James M. McCord** to me known to be the person described herein or who produced N/A as identification, and who did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 29<sup>th</sup> day of DECEMBER, 2011.



  
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**CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE  
AND REGISTERED AGENT**

**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.**

The name of the limited liability company is AV TROPICS, LLC.

The name of the initial registered agent of the limited liability company is  
Thomas F. Kiesel, Esquire and the address of the office of the registered agent is 2121  
McGregor Boulevard, Fort Myers, Florida 33901.

**REGISTERED AGENT ACCEPTANCE**

Having been named as registered agent and to accept services 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 that 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.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 29<sup>th</sup> day of  
DECEMBER, 2011.

  
\_\_\_\_\_  
THOMAS F. KIESEL, ESQUIRE

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