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Florida Department of State
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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
ARROWHEAD 89, LLC

Certificate of Status	1
Certified Copy	0
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D. BRUCE

APR 04 2012

EXAMINER

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ARTICLES OF ORGANIZATION

OF

ARROWHEAD 89, LLC.

The undersigned hereby certifies that the sole member has 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, and further declares that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

ARTICLE I

NAME

The name of the limited liability company shall be ARROWHEAD 89, LLC (the "Company").

ARTICLE II

ADDRESS OF PRINCIPAL PLACE OF BUSINESS

The mailing address and street address of the principal office of this Company shall be 475 Carica Road, Naples, Florida 34108.

ARTICLE III

REGISTERED AGENT

The name and address of the initial registered agent in the State of Florida is as follows: Thomas M. Taylor, 475 Carica Road, Naples, Florida 34108.

ARTICLE IV

MANAGEMENT

The Company will be managed by member in accordance with the Company's Operating Agreement. The initial Managing Member is Thomas M. Taylor.

ARTICLE V

RESTRICTIONS ON MEMBERSHIP

The member 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.

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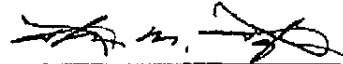
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ARTICLE VI

MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, bankruptcy, or other dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Company, the existence of the Company shall continue.

Executed by the undersigned member at Naples, Florida on the 30th day of March, 2012.

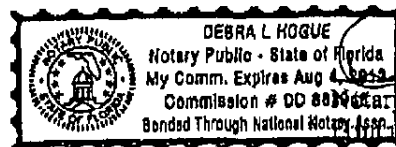


THOMAS M. TAYLOR,
As Managing Member

STATE OF FLORIDA
COUNTY OF COLLIER

This foregoing instrument was acknowledged before me this 30th day of March, 2012, by Thomas M. Taylor, who (X) is personally known to me or who () has produced as identification.

(SEAL)



Public Name: Debra L. Hogue
My commission expires Aug. 4 2013

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

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

The name of the limited liability company is **ARROWHEAD 89, LLC.**

The name of the initial registered agent of the limited liability company is **Thomas M.
Taylor**, its agent to accept service of process within Florida with a registered office located at:
475 Carica Road, Naples, Florida 34108.

REGISTERED AGENT ACCEPTANCE

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 agrees to act in that capacity. I further agree to comply with
the provisions of all statutes relating to the proper and complete performance of its duties, and
am familiar with and accept the obligations of its position as registered agent.



THOMAS M. TAYLOR

Dated: March 30, 2012

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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