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

From: Account Name : SCOTT M. GRANT, P.A.
Account Number : 102603003131
Phone : (239) 649-4848
Fax Number : (239) 643-9810

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.
Grape Escapes of Naples, LLC

Certificate of Status	1
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APR 26 2012

EXAMINER

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ARTICLES OF ORGANIZATION FOR
- FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
NAME

The name of the Limited Liability Company is:

GRAPE ESCAPES OF NAPLES, LLC

ARTICLE II
ADDRESS

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

5630 Standing Oaks Lane
Naples, FL 34119

ARTICLE III
DURATION

The period of duration for the Limited Liability Company shall be indefinite.

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by a Manager and the name and address of such Manager who is to serve as Manager is:

Cathy Jean Graves
5630 Standing Oaks Lane
Naples, FL 34119

ARTICLE V
ADMISSION OF ADDITIONAL MEMBERS

Upon unanimous approval by the Members, the Company is authorized to issue additional Units in the Company and to admit Additional Members to the Company.

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ARTICLE VI
MEMBERS' RIGHTS TO CONTINUE BUSINESS

The remaining members of the company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE VII
REGISTERED AGENT

The name and address of the registered agent is:

Scott M. Grant, Esq.
Scott M. Grant, P.A.
3400 Tamiami Trail N., Suite 201
Naples, FL 34103

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, Florida Statutes.

REGISTERED AGENT:



Scott M. Grant

These Articles are executed this 25th day of April, 2012, by the undersigned Initial Member of GRAPE ESCAPES OF NAPLES, LLC, pursuant to Section 608.408(3) of the Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

MANAGER:



Cathy Jean Graves

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