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| (Requestor's Name) | | | |
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| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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| TO: | Registration S Division of Co | | | | | | |
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| SUBJE | ст: | ANDMARK CONS | ulting Developme ed Liability Company | 3 BY 23 BY BOOK | | | |
| The end | closed Articles o | of Organization and fee(s) are | submitted for filing. | E PL | | | |
| Please 1 | return all corresp | oondence concerning this matt | er to the following: | | | | |
| | | WAR | REN G. MATTIELL | 10 | | | |
| | | | Name of Person / | | | | |
| | LANDMARK CONSULTING & DEVELOPMENT LLC Firm/Company | | | | | | |
| | | 1555 Do | When Lane | | | | |
| | | | Address | | | | |
| | | MAPLE | ES EL 34102 | | | | |
| • | City/State and Zip Code | | | | | | |
| - | | E-mail address: (to be used t | a hinaples.com for future annual report notification) | | | | |
| For furt | ther information | concerning this matter, please | | | | | |
| _lı | Name | of Person | at (239) 272.4 Area Code & Daytime Telepho | ne Number | | | |
| Enclos | ed is a check f | or the following amount: | | | | | |
| □\$ 125. | 00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | (additional copy is enclosed) | 1160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301 | ele | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | | |
|--|--|--|--|--|--|
| (Must end with the words "Limited Liabi | LTING & DEVELOPMENT LLC lity Company, "L.L.C.," or "LLC.") | | | | |
| ARTICLE II - Address: The mailing address and street address of the p | rincipal office of the Limited Liability Company is | | | | |
| Principal Office Address: | Mailing Address: | | | | |
| 1555 DOWHIN LANE NAPUES, FL 34102 | | | | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) | tered Agent. You must designate an individuation another | | | | |
| The name and the Florida street address of the | registered agent are: | | | | |
| WARREN G | . MATTIEllo | | | | |

Florida street address (P.O. Box NOT acceptable)

Name

1555 DOLPHIN

OAPUES FL 34102
City, State, and Zip

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| ARTICLE I | V- Manager(| s) or Managing l | Member(s): |
|------------------|-------------|------------------|------------|
| | | | |

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|---|--|
| "MGRM" = Managing Member | |
| MGRM | WARREN G. MATTIELLO 1555 DOLPHIN LANE NAPLES, EL 34102 |
| MGRM | BONNIE C. MATRELLO 1555 DOLPHIN LAME |
| | NAAKES, EL 34/02 3 3 |
| | Section 1 |
| | |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date mus prior to or 90 days after the date of filing.) | e date of filing: (OPTIONAL) t be specific and cannot be more than five business days |
| REQUIRED SIGNATURE: | 2 |
| | // |

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)