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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : THOMAS K. BOARDMAN, P.A.
Account Number : 102350003270
Phone : (863) 674-1027
Fax Number : (863) 674-1029

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

Email Address: betelad@gmail.com

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**FLORIDA LIMITED LIABILITY CO.
NOAH'S ARK OF IMMOKALEE, LLC**

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|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
NOAH'S ARK OF IMMOKALEE, LLC

The undersigned member desires to form 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. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER

ARTICLE I

NAME

The name of the limited liability company shall be NOAH'S ARK OF IMMOKALEE, LLC.

ARTICLE II

The mailing address of the company shall be 1225 West Main Street, Immokalee, FL 34143, and the street address of the principal office of this limited liability company shall be 2002 Johnson Road, Immokalee, Florida 34142.

ARTICLE III

DURATION

This limited liability company shall exist until January 31, 2045, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

THIS DOCUMENT PREPARED BY:
Thomas K. Boardman
THOMAS K. BOARDMAN, P.A.
P.O. Box 2197
LaBelle, Florida 33975
(863) 674-1027
Florida Bar No. 103581

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TALLAHASSEE, FLORIDA

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ARTICLE IV
MANAGEMENT

This limited liability company shall be managed by one of its members. The name and address of the initial manager/member is as follows:

Bethel Assembly of God, Inc.
1225 W Main Street
Immokalee, Florida 34142

ARTICLE V
RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by majority consent or as otherwise provided by the Operating Agreement. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VI
MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

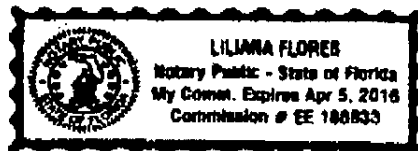
Executed by the undersigned at Immokalee, Florida, on October 05, 2015.

BETHEL ASSEMBLY OF GOD, INC.

By: [Signature]
JOSUE RINCON, President

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was sworn to and acknowledged before me this 5th day of October, 2015, by JOSUE RINCON, as President of BETHEL ASSEMBLY OF GOD, INC., who is personally known to me or who has produced _____ as identification.



[Signature]
NOTARY PUBLIC
Name: Liliana Flores

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

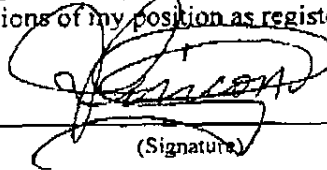
- 1. The name of the limited liability company is: NOAH'S ARK OF IMMOKALEE, LLC
- 2. The name and address of the registered agent and office is:

JOSUE RINCON
(Name)

1212 Lec Street
(P.O. Box not acceptable)

Immokalee, Florida 34142
(City/State/Zipcode)

Having been named as registered agent and to accept service of process for the above state corporation 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.



(Signature)

10/5/15

(Date)