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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: BOND, SCHOENECK & KING, PLLC

Account Number : I20010000122

: (239)659-3800

Phone Fax Number

: (239)659-3812

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

Email Address:

jmorey@BSK.com

FLORIDA LIMITED LIABILITY CO.

Triple G. Enterprises of Naples, LLC

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ARTICLES OF ORGANIZATION

OF

TRIPLE G ENTERPRISES OF NAPLES, LLC

<u>ARTICLE I – NAME</u>

The name of the limited liability company is TRIPLE G. ENTERPRISES OF NAPLES, LLC ("Company").

ARTICLE II – ADDRESS

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

Principal Office Address: 3490 Enterprise Avenue Naples, Florida 34104

Mailing Address: 3490 Enterprise Avenue Naples, Florida 34104

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Alexander R. Garland, Sr. 3490 Enterprise Avenue Naples, Florida 34104

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 605, F.S.

Alexander R. Garland, Sr., Registered Agent

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SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE IV - MANAGER

The name and address of each person authorized to manage and control the Company:

Title:

Name and Address:

Manager (MGR)

Alexander R. Garland, Sr. 3490 Enterprise Avenue Naples, Florida 34104

Manager (MGR)

Joseph A. Garland 3490 Enterprise Avenue Naples, Florida 34104

Manager (MGR)

Theodore C. Garland 3490 Enterprise Avenue Naples, Florida 34104

REQUIRED SIGNATURE:

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

(In accordance with section 605.205(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

(((H15000305816 3)))

SECRETARY OF STATE
HVISTON OF CORPORATIONS
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