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FLORIDA LIMITED LIABILITY CO. FIRST NATIONS PROPERTIES, LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liabilit | v Company is: | | | | | |
|--|---|---|---|--|--|--|
| The daily of the Billion French | ,, | | | | | |
| FIRST NATIONS P | ROPERTIES, LLC | | | | | |
| (Must cont | ain the words 'Limited l | Liability Compan | y, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street a | ddress of the principal o | ffice of the Limit | ed Liability Company is: | | | |
| Princip | al Office Address: | | Mailing Address: | | | |
| 1342 COLONIAL B | LVD | | | | | |
| C20 | | <u>S</u> | AME | | | |
| FORT MYERS, FL | <u> </u> | | | | | |
| ARTICLE M - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street | cannot serve as its own active Florida registratio | Registered Agen n.) | it. You must designate an individual or | | | |
| | RICHARD VIERA | | | | | |
| | | Name | | | | |
| | 1342 COLONIAL BI | .VD C20 | | | | |
| | Florida street address (P.O. Box NOT acceptable) | | | | | |
| | FORT MYERS | FL | 33907 | | | |
| | City | State | Zip | | | |
| place designated in this certificate, Turther agree to comply with the p | I hereby accept the apportant | cintment as regist clating to the prop | the above stated limited liability company at the lered agent and agree to act in this capacity. It is capacity, the rand complete performance of my duties, are the provided for in Chapter 605, F.S | | | |
| | | Richard Viera | • | | | |
| Registered Agent's Signature (REQUIRED) | | | | | | |
| | | (CONTINUE | D) | | | |

| ARTICLE IV- The name and address of each person authorities. | prized to manage and control the Limited Liability Company: | | | | | |
|--|---|--|--|--|--|--|
| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | | | | | |
| "MGR" = Manager AMBR | RICHARD VIERA | | | | | |
| AVIBR | 1342 COLONIAL BLVD C20 | | | | | |
| | FORT MYERS, FL 33907 | | | | | |
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| (If an effective date is listed, the date must be speci the date of filing.) Note: If the date inserted in this block does not mea | filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as | | | | | |
| the document's effective date on the Department of | State's records. | | | | | |
| ARTICLE VI: Other provisions, if any. | | | | | | |
| REQUIRED SIGNATURE: | | | | | | |
| | Richard Viora | | | | | |
| This document is executed I am aware that any false in | ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S. | | | | | |
| RICHARD VIERA | | | | | | |
| | Typed or printed name of signee | | | | | |

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