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## FLORIDA LIMITED LIABILITY CO. PATLIN, LLC

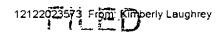
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Electronic Filing Menu

Corporate Filing Menu

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| ARTICLE I - Name:<br>The name of the Limited Liab  |   |  |  | SECRETARY OF  |
|--|---|--|--|---|
|  |   |  |  | TALLAHASSE  |
|  | oility Company is:  |  |  |   |
|  |   |  |  |   |
| PATLIN, LLC  |   |  |  |   |
|  | ontain the words "Limited I   | Liability Company, "L  | .L.C.," or "LLC.")   | <del></del>   |
| (  |   |  |  |   |
| ARTICLE II - Address:  |   | en en la traballa  | -1:::  |   |
| he mailing address and stree   | et address of the principal o   | itice of the Limited L   | lability Company is:   |   |
| <u>Princ</u>   | cipal Office Address:   |  | Mailing Add  | <u>lress</u> :  |
| 16160 + FF DOA   | D CLIETE IAO  | 16150  | LEE ROAD, SUITE  | 140   |
| 16150 LEE ROAL<br>FORT MYERS, F  |   |  | MYERS, FLORIDA   |   |
| TOKT M TEKO, T   | 00111071107710  |  |  |   |
|  |   |  |  |   |
|  | eet address of the registered   | •  |  |   |
|  | C T Corporation Sys   | tem  |  |   |
|  |   | Name   |  |   |
|  | 1200 South Pine Isla  | Name<br>nd Road  |  |   |
|  | 1200 South Pine Isla  | Name   | eptable)   |   |
|  | 1200 South Pine Isla  | Name<br>nd Road  | eptable) 33324   |   |
|  | 1200 South Pine Isla Florida street addres  | Name<br>nd Road<br>s (P.O. Box <u>NOT</u> acc  | •  |   |
|  | 1200 South Pine Isla Florida street addres Plantation City  | Name<br>nd Road<br>s (P.O. Box <u>NOT</u> acc<br>Florida<br>State  | 33324<br>Zip   |   |
| aving been nam <del>e</del> d as registers   | 1200 South Pine Isla Florida street addres Plantation City red agent and to accept serv.  | Name  nd Road s (P.O. Box NOT acc  Florida  State  ice of process for the a  | 33324 Zip bove stated limited lia  | ibility company at the  |
| aving been named as registers<br>ace designated in this certifica  | 1200 South Pine Isla Florida street addres  Plantation  City  red agent and to accept serve ate, I hereby accept the app  | Name  nd Road s (P.O. Box NOT acc  Florida  State  ice of process for the acc  cointment as registered   | 33324 Zip bove stated limited lia agent and agree to ac  | et in this capacity. I  |
| aving been named as registers<br>ace designated in this certifica<br>rther agree to comply with the                                      | 1200 South Pine Isla Florida street addres  Plantation  City  red agent and to accept serve ate, I hereby accept the apple provisions of all statutes re  | Name  nd Road s (P.O. Box NOT acc Florida State  ice of process for the accioniment as registered elating to the proper a                        | 33324 Zip bove stated limited lia agent and agree to ac nd complete performa                       | et in this capacity. I<br>nnce of my duties, and l                                  |
| laving been named as registers<br>lace designated in this certifica<br>orther agree to comply with the<br>m familiar with and accept the | 1200 South Pine Isla Florida street addres  Plantation  City  red agent and to accept serve ate, I hereby accept the app e provisions of all statutes re e obligations of my position                       | Name  nd Road s (P.O. Box NOT acc Florida State  ice of process for the a cointment as registered elating to the proper a as registered agent as | 33324 Zip bove stated limited lia agent and agree to ac nd complete performa                       | et in this capacity. I<br>nice of my duties, and I<br>ter 605, F.S                  |
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| laving been named as registere<br>lace designated in this certifice<br>orther agree to comply with the                                   | 1200 South Pine Isla Florida street addres  Plantation  City  red agent and to accept serve ate, I hereby accept the app e provisions of all statutes re e obligations of my position  C T Corporation  By: | Name  nd Road s (P.O. Box NOT acc Florida State  ice of process for the a cointment as registered elating to the proper a as registered agent as | 33324 Zip bove stated limited lia ogent and agree to ac nd complete performa provided for in Chapt | et in this capacity. I<br>nice of my duties, and I<br>ter 605, F.S                  |

(CONTINUED)

| <u>Title:</u> "AMBR" = Authorized Member   | Name and Address:  |                                    |
|--|--|------------------------------------|
| "MGR" = Manager  |  |                                    |
| MGR  | JOHN P. GEORGEOFF  |                                    |
|  | 16150 LEE ROAD, SUITE 140<br>FORT MYERS, FL 33912  | •                                  |
|  |  | -                                  |
| MGR  | CHERYL I., GEORGEOFF   |                                    |
|  | 16150 LEE ROAD, SUITE 140<br>FORT MYERS, FL 33912  | •                                  |
|  | PORT MITCRS, PL 33912  |                                    |
|  |  | 3.E                                |
|  |  | [포유                                |
|  |  | - Fa                               |
|  |  | 조림                                 |
|  |  | . BR                               |
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|  |  |                                    |
|  |  | ني سيّ                             |
| (Use attachment if necessary)  |  | ECRETARY OF SIA<br>TALLAHASSEE, FL |
| (Use attachment if necessary)  |  |                                    |
| CLEV: Effective date, if other than the di   |  | E E                                |
| CLE V: Effective date, if other than the datefective date is listed, the date must be  | ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90   | E E                                |
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\$ 5.00 Certificate of Status (Optional)