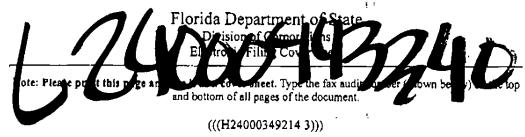
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Division of Corporations





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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Lawrence E. Crary III, Esquire

Account Name : CRARY, BUCHANAN, BOHDISH, ET AL

Account Number : 876424091425 Phone : (772)233-4602 Fax Number : (772)398-8122

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

lec@cnarybuchanan.com Email Address:

FLORIDA LIMITED LIABILITY CO. Palmetto One Holdings, LLC

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ARTICLE I - Name	: ited Liability Company is:		
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· · · · · · · · · · · · · · · · · · ·	PALMETTO ON	VE HOLDINGS, LL	<u>c</u>
	(Must contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Addr	ess:		
The mailing address a	and street address of the principal of	office of the Limited	Liability Company is:
	Principal Office Address:		Mailing Address:
7301 SW (GAINES AVENUE	<u>P</u> .O.	BOX 1187
			
STUART, imi ARTICLE III - Regl The Limited Liability nother business entit	GAINES AVENUE FL 34997 stered Agent, Registered Office,	& Registered Agent. You.)	BOX 1187 E SOUND, FL 33475
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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.

Laurence C. Crary, AAA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title:	Name and Address:
"AMBR" = Authorized Membe	
"MGR" = Manager	
MGR	WILLIAM SNYDER, II
	7301 SW GAINES AVENUE
	STUART, FL 34997
CFO	JON WELLS TOFTE
<u> </u>	1102 W, STAN MAR ESTATES DRIVE
	BRAZIL IN 60465
A COUNTY IN MIN	
AUTH REP	AMANDA SNYDER 7301 SW GAINES AVENUE
•	STUART, FL 34997
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(Use attachment if necessary)	
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