

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-112-8086

L95000000101

CSC networks

Mail To:
P.O. Box 5020
Tallahassee, FL 32304

ACCOUNT NO. : 072100000032

REFERENCE : 522093 84557A

AUTHORIZATION :

COST LIMIT : 0 PREPAID

FILED
95 JAN -9 11 04 42
TALLAHASSEE, FLORIDA
SECRET
95 JAN -9 11 04 42
TALLAHASSEE, FLORIDA
SECRET

ORDER DATE : January 9, 1995

ORDER TIME : 8:35 AM

ORDER NO. : 522093

CUSTOMER NO: 84557A

CUSTOMER: A. John Hughes, Jr., Esq
A. JOHN HUGHES, JR., ESQ

2121 McGregor Boulevard
Ft. Myers, FL 33901

FILING 250
R. AGENT 35
C. COPY 52.50
TOTAL 327.50
N. BANK _____
BALANCE DUE _____
REFUND _____

DOMESTIC FILING

L95000000101

NAME: PALMETTO, INC. L.C.

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carol M. Hensal

EXAMINER'S INITIALS:

TH
2-6-95
P

62295-485
62252-04127, 571



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

95-173-113
ST. 113-113-113

January 9, 1995

USE

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301

SUBJECT: PALMETTO, INC., L.C.
Ref. Number: W9500000485

We have received your document for PALMETTO, INC., L.C. and the authorization to debit your account in the amount of \$337.50. However, the document has not been filed and is being returned for the following:

An affidavit is required pursuant to section 608.407(2), Florida Statutes, declaring the following: (1) the limited liability company has at least two members; (2) the actual amount of cash contributions; (3) the agreed value of any property other than cash contributed; and (4) the total amount of cash or property anticipated to be contributed by the members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6930.

Tim Murphy
Corporate Specialist

Letter Number: 395A00000786

2-6-95
Resubmit
CSN

ARTICLES OF ORGANIZATION
OF
PALMETTO, L.C.

FILED
95 JAN -9 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of this Limited Liability Company shall be: PALMETTO,
L.C..

ARTICLE II

This Limited Liability Company shall exist for a period of
twenty-five (25) years.

ARTICLE III

The mailing address and street address of the principal office
of this Limited Liability Company is 2950 S. McCall Road,
Englewood, Florida 34224.

The initial registered agent of this Limited Liability Company
will be Harold L. Keathley.

The initial registered office address will be 2950 S. McCall
Road, Englewood, Florida 34224.

ARTICLE IV

The initial amount of capital contributions (including cash
and a description of the agreed value of the property) is \$5,000.00
cash, which will be contributed by the members.

ARTICLE V

A majority vote of the members of this limited liability
company may admit additional members.

ARTICLE VI

A majority vote of the members will continue the business on
the death, retirement, resignation, expulsion, bankruptcy or
dissolution of a member or the occurrence of any other event which

termination the continued membership of a member in this limited liability company.

ARTICLE V

This limited liability company will be managed by a manager or managers. The names and addresses of the manager or managers of this limited liability company are as follows:

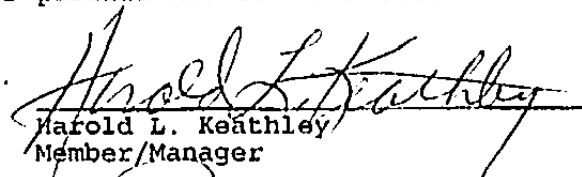
1. Harold Keathley
2950 S. McCall Road
Englewood, FL 34224
2. Robert Granicz
2950 S. McCall Road
Englewood, FL 34224

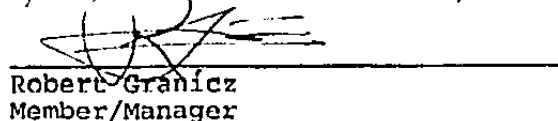
These managers will serve until the first annual meeting of members or until their successors are elected and qualify.

The above named managers are also members of this limited liability company.

ARTICLE VI

IN WITNESS WHEREOF, the parties hereto have executed these Articles of Organization.


Harold L. Keathley
Member/Manager

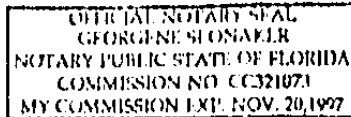

Robert Granicz
Member/Manager

STATE OF FLORIDA
COUNTY OF Charlotte

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, Harold L. Keathley, who is personally known to me or who has produced _____ as identification and who did take an oath, and he/she acknowledged before me that he/she executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at Englewood _____, County

of Charlotte_____, and State of Florida, this 29th day of December, 1994.



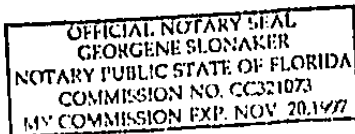
(Sign) Georgene Slonaker
(Print) GEORGENE SLONAKER
Notary Public

My commission expires:

STATE OF FLORIDA
COUNTY OF Charlotte

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, Robert Granicz, who is personally known to me or ~~who has produced~~ _____ as identification and who did take an oath, and he/she acknowledged before me that he/she executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at Englewood,
County of Charlotte, and State of Florida, this 29th day of
December, 1994.



(Sign) Georgene Slonaker
(Print) GEORGENE SLONAKER
Notary Public

My commission expires:

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent, I hereby am familiar with and accept the duties and responsibilities as agent.

Harold L. Koathly
 Harold L. Koathly
 Registered Agent

FILED
 95 JAN -9 AM 10:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

AFFIDAVIT OF MEMBERSHIP
AND CONTRIBUTIONS

FILED
95 JAN -9 11 13 42
SECRET
TALLAHASSEE, FLORIDA

The undersigned member or authorized representative of member of PALMETTO, I.C. deposes and says:

1. The above named limited liability company has at least two members;

2. The total amount of cash contributed by the member(s) is \$5,000.00.

3. If any, the agreed value of property other than cash contributed by member(s) is \$-0-. A description of the property is attached and made a part hereto.

4. The total amount of cash or property anticipated to be contributed by member(s) is \$5,000.00. This total includes from 2. and 3. above.



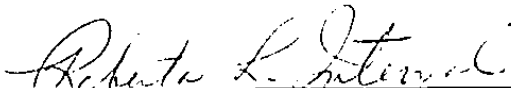
Robert T. Granicz
Member/Manager

STATE OF FLORIDA

COUNTY OF Charlotte

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, Robert T. Granicz, who is personally known to me or who has produced _____ as identification and who did take an oath, and he/she acknowledged before me that he/she executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at Enterprise, County of Charlotte, and State of Florida, this 2nd day of February, 1995.


(Sign)

ROBERTA L. INTERVAL
(Print) (Notary Public)

My commission expires:

00.7.1995

FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

96 MAY -2 PM 4:57

STATE
OFFICE

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILING FEE \$ 238.75	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
-------------------------	--

1. Name and Mailing Address of Limited Liability Company PALMETTO, L.C. 2950 S. MCCALL RD. ENGLEWOOD FL 34224	DOCUMENT #L95000000101
---	------------------------

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

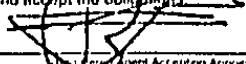
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	--

1a. Principal Place of Business Address 2950 S. MCCALL RD. ENGLEWOOD FL 34224 000001812830 -05/08/96--01015--038 *****238.75 *****238.75

3. Date Organized or Qualified 01/09/1995	3a. State of Formation FL
4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> Addendum Fee Required

7. Name and Address of Current Registered Agent KEATHLEY, HAROLD L. 2950 S. MCCALL RD. ENGLEWOOD FL 34224	8. Name and Address of New Registered Agent Name ROBERT T. GRANICZ Street Address (P.O. Box Number is Not Acceptable) 2950 S. MCCALL RD. Suite, Apt. #, etc. City ENGLEWOOD FL Zip Code 34224
--	--

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE  DATE 4/27/96

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	KEATHLEY, HAROLD	2950 S. MCCALL RD.	ENGLEWOOD FL
MEM	KEATHLEY, HAROLD	2950 S. MCCALL RD.	ENGLEWOOD FL
MGR	GRANICZ, ROBERT	2950 S. MCCALL RD.	ENGLEWOOD FL
MEM	GRANICZ, ROBERT	2950 S. MCCALL RD.	ENGLEWOOD FL

000001812830
-05/08/96--01015--041
*****8.75 *****8.75

5/3/96

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.17(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if I signed under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  ROBERT T. GRANICZ 4/12/96