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December 13, 1999

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-12/13/99--01105--012  
\*\*\*\*160.00 \*\*\*\*160.00

VIA FEDERAL EXPRESS

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: Heron's Nest, L.L.C.

Dear Madam/Sir:

Enclosed are Articles of Organization for Florida Limited Liability Company for the above-referenced company and our check in the amount of \$160.00 which covers the filing fee and also a certified copy of the Articles and a Certificate of Status. Please send these documents to our office at the address listed above.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

SCHMICK LAW OFFICES, P.C.

*Linda M. Fry*

Linda M. Fry

Enclosures

APPROVED  
AND  
FILED  
99 DEC 13 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DB  
12-14-99

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**HERON'S NEST, L.L.C.**

## ARTICLE II - Address:

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

**387 Capri Blvd.  
Naples, Florida 34113**

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**Peter L. Thorpe**

Name

**387 Capri Blvd.**

Florida street address (P.O. Box **NOT** acceptable)

**Naples FL 34113**

City, State, and Zip

*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 608, F.S..*

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Peter L. Thorpe**

Typed or printed name of signee

## FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

APPROVED  
AND  
FILED  
99 DEC 13 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA