

L99000009396



THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 531604 4390546

AUTHORIZATION :

*Patricia Pignato*

COST LIMIT : \$ 125.00

ORDER DATE : December 28, 1999

ORDER TIME : 9:35 AM

000003084560--6

ORDER NO. : 531604-025

CUSTOMER NO: 4390546

CUSTOMER: Vivian Hastings, Esq  
WCI  
Suite 300  
24301 Walden Center Drive  
Bonita Springs, FL 34134

MJH

DOMESTIC FILING

NAME: N501EK, L.L.C.

EFFECTIVE DATE:

XXX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XXX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: HARRY DAVIS

EXAMINER'S INITIALS:

99 DEC 30 PM 1:57  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RECEIVED  
99 DEC 30 AM 10:48  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

N501EK, L.L.C.

## ARTICLE II - Address:

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

24301 Walden Center Drive

Suite 300

Bonita Springs, Florida 34134

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

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

Vivien N. Hastings

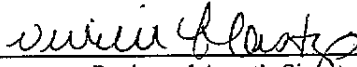
24301 Walden Center Drive

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

Bonita Springs FL 34134

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)

 Authorized Representative

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.)

Vivien Hastings

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)

99 DEC 30 PM 1:57

SECRETARY OF STATE  
DIVISION OF CORPORATIONS