

L05000010770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

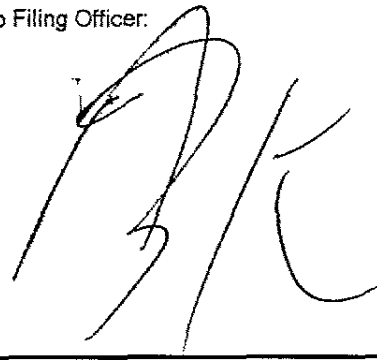
PICK-UP     WAIT     MAIL

(Business Entity Name)

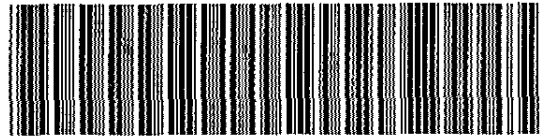
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



Office Use Only



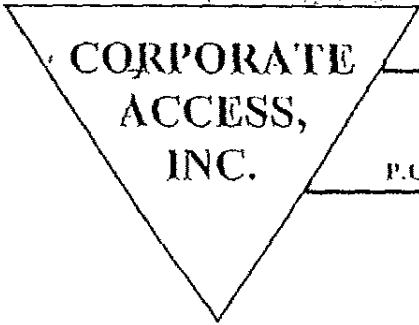
500045694845

02/02/05--01008--024 \*\*155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 FEB -2 PM 1:41

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 FEB -2 PM 1:40  
RECEIVED  
05 FEB -2 AM 10:40  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

**FILED**  
05 FEB 22 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WALK IN

PICK UP

22 (S)

CERTIFIED COPY \_\_\_\_\_ CUS \_\_\_\_\_

PHOTO COPY \_\_\_\_\_  FILING LLC

1.) 107 S. Fielding, L.L.C.  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION**  
**OF**  
**107 S. FIELDING, L.L.C.,**  
**a Florida Limited Liability Company**

**FILED**  
05 FEB -2 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

**Name**

The name of this Limited Liability Company is **107 S. Fielding, L.L.C.** (the "Company").

**ARTICLE II**  
**ADDRESS**

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

2101 W. Platt Street, Suite 200  
Tampa, Florida 33606

**ARTICLE III**  
**DURATION**

The Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall continue in existence until the expiration of fifty (50) years from such commencement date, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

**ARTICLE IV**  
**MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is therefore, a manager-managed company. The name and addresses of the manager(s) is, as follows:

John H. Lum  
2101 W. Platt Street, Suite 200  
Tampa, FL 33606

Aram Guluzian  
2101 W. Platt Street, Suite 200  
Tampa, FL 33606

**ARTICLE V  
REGISTERED AGENT AND REGISTERED OFFICE**

The name and the Florida street address of the Registered Agent is:

John H. Lum  
2101 W. Platt Street, Suite 200  
Tampa, FL 33606

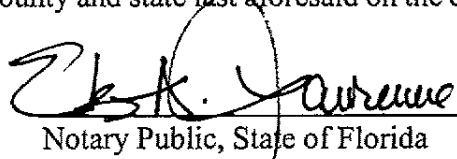
**107 S. Fielding , L.L.C.,  
a Florida limited liability company**

By: \_\_\_\_\_  
                    John H. Lum  
Its:     Managing Member

**STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH**

The foregoing instrument was acknowledged before me this 13 day of January, 2005, by **John H. Lum**, as Managing Member of **107 S. Fielding, L.L.C., a Florida limited liability company, who is personally known to me or produced \_\_\_\_\_** as identification.

Witness my hand and official seal in the county and state last aforesaid on the day and year first written above.

  
\_\_\_\_\_  
Notary Public, State of Florida

My commission number:  
My commission expires:

**ELIZABETH A. LAWRENCE**  
Notary Public, State of Florida  
My comm. exp. **Feb. 18, 2006**  
Comm. No. DD 093455

**ACCEPTANCE OF REGISTERED AGENT**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

The name of the Limited Liability Company is: **107 S. Fielding , L.L.C.**

The name and Florida street address of the Registered Agent is:

John H. Lum  
2101 W. Platt Street, Suite 200  
Tampa, Florida 33606

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.



---

**JOHN H. LUM**

(SEAL)