

LO6000070298

(Requestor's Name)

(Address)

(Address)


(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

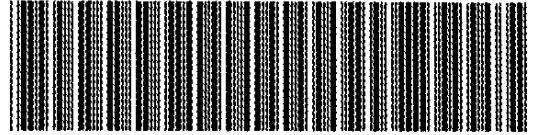
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE
7/2/06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 JUL 14 PM 3:47

FILED

07/14/06--01012--013 *130.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 JUL 14 PM 1:39
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CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 07/14/06

REF. #: 000699.54925

CORP. NAME: 15-30-45 LLC

EFFECTIVE DATE
7/12/06

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TALLAHASSEE, FLORIDA

- () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION
- () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME
- () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP (XX) LIMITED LIABILITY
- () REINSTATEMENT () MERGER () WITHDRAWAL
- () CERTIFICATE OF CANCELLATION
- () OTHER:

STATE FEES PREPAID WITH CHECK# 917781 FOR \$ 130.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- () CERTIFIED COPY () CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY
- (XX) CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
7/12/06

15-30-45 LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5421 Beaumont Center Blvd., Ste 644
Tampa, FL 33634

5421 Beaumont Center Blvd., Ste 644
Tampa, FL 33634

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

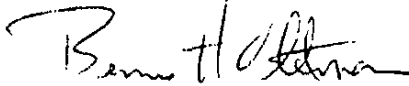
The name and the Florida street address of the registered agent are:

Bennett Oltman
Name

5421 Beaumont Center Blvd., Ste. 644
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33634
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 (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Bennett Oltman
5421 Beaumont Center Blvd., Ste. 644
Tampa, FL 33634

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/12/06. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Bennett Oltman

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)