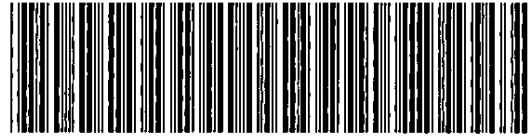


W07000113650



50011620185

(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

[Handwritten signature]

11/13/07--01001--022 **125.00

11/13/07--01001--023 **5.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 NOV -9 PM 4: 49
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: PATRICIA TADLOCK

DATE: 11/09/07

REF. #: 000672.77286

CORP. NAME: LECANTO VENTURES, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 522609 FOR \$125.00

STATE FEES PREPAID WITH CHECK# 523611 FOR \$5.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|---|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

07 NOV -9 PM 5:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

LECANTO VENTURES, LLC

07 NOV -9 PM 5:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name. The name of this limited liability company is **LECANTO VENTURES, LLC** (the "Company"), and it shall be formed as a limited liability company under Chapter 608 of the laws of the State of Florida.

2. Duration. The Company shall exist from the date of filing of these Articles of Organization with the Florida Secretary of State, and the Company's existence shall be perpetual.

3. Purpose. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.

4. Place of Principal Office. The mailing and street address of the principal office of the Company is **4301 Anchor Plaza Parkway, Suite 400, Tampa, Florida 33634.**

5. Registered Agent and Office. The name of the initial registered agent of the Company is **F & L Corp.** The street address of the initial registered agent of the Company is **One Independent Drive, Suite 1300, Jacksonville, Florida 32202.**

6. Management of the Company. The management of the Company shall be vested in the managers of the Company.

7. Operating Agreement. The members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

8. Additional Members. Additional members to the Company may be admitted, but only upon the unanimous agreement of the members, or as otherwise provided in accordance with the Operating Agreement of the Company.

The undersigned executed these Articles of Organization on the 9th day of November, 2007.

In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Albert P. Silva, Esq.
Authorized Representative of Member

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Company, at the place designated herein, and being familiar with the obligations of that position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

F & L CORP

By: _____

Albert P. Silva, Vice President

FILED
07 NOV -9 PM 5:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Dated: November 9, 2007