

CCRS  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

L00000015918

CONTACT: CINDY HICKS

DATE: 12/21/00

REF. #: 0643 . 13993

CORP. NAME: Association Specialists LLC

900003510449--7  
-12/21/00--01041--024  
\*\*\*\*\*155.00 \*\*\*\*\*155.00

- |  |   |   |
|--|---|---|
| <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"/> UCC-1                  | <input type="checkbox"/> UCC-3                        |
| <input type="checkbox"/> OTHER: _____                |   |   |

988883510449--7  
-12/21/00--01041--025  
\*\*\*\*\*5.00 \*\*\*\*\*5.00

STATE FEES PREPAID WITH CHECK# 1938 155.00  
9676 FOR \$ 5.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

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

Examiner's Initials

RECEIVED  
00 DEC 21 PM 1:35  
TALLAHASSEE, FL 32301  
STATE SECRETARY OF  
CORPORATION

APPROVED  
AND  
FILED  
00 DEC 21 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
12-21-00

**ARTICLES OF ORGANIZATION**  
**OF**  
**ASSOCIATION SPECIALISTS, L.L.C.**

1. Name. The name of this limited liability company is ASSOCIATION SPECIALISTS, L.L.C. (the "Company"), and it shall be formed as a limited liability company under Chapter 608 of the laws of the State of Florida.

2. Place of Business. The mailing address and street address of the Company's principal office is 608 S.E. 46<sup>th</sup> Lane, Suite 5, Cape Coral, Florida 33904.

3. Registered Agent and Office. The name of the initial registered agent of the Company is Harry J. Quay, Jr.. The street address of the initial registered agent of the Company is 3741 S.E. Santa Barbara Place, Cape Coral, Florida 33904.


4. Management of the Company. The Company shall be managed by one or more managers and is, therefore, a manager-managed company.

The undersigned executed these Articles of Organization effective as of the \_\_\_\_ day of December, 2000.

  
\_\_\_\_\_  
Harry J. Quay, Jr., 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.

  
\_\_\_\_\_  
Harry J. Quay, Jr., Registered Agent

Dated: December \_\_\_\_, 2000

00 DEC 21 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED