

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

FILING COVER SHEET
ACCT. #FCA-14

LD100000 DB276

CONTACT: CINDY HICKS

DATE: 5-24-01

REF. #: 0174.16316

CORP. NAME: OSPREY PROFESSIONAL ASSOCIATES, 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"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER | | |

APPROVE
AND
FILED
01 MAY 26 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 MAY 24 11 10:09
TALLAHASSEE, FLORIDA
SUFFICIENCY OF FILING

STATE FEES PREPAID WITH CHECK# 91 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: 000004314860--0
-05/24/01--01018--009
****155.00 ****155.00

COST LIMIT: \$

PLEASE RETURN:

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

Examiner's Initials

JB
5-24-01

ARTICLES OF ORGANIZATION

OSPREY PROFESSIONAL ASSOCIATES, L.L.C.,
a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

OSPREY PROFESSIONAL ASSOCIATES, L.L.C.

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

3806 Glen Oaks Manor Drive
Sarasota, Florida 34232

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Torsten C.A. Denward

3806 Glen Oaks Manor Drive
Sarasota, Florida 34232


ARTICLE IV MANAGEMENT AND POWERS


The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.


APPROVED
AND
FILED
01 MAY 24 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the
23rd day of May, 2001.

WITNESSES:


Print Name J. DENWARD


Torsten C.A. Denward


Print Name PAT DENWARD

"MANAGER"

APPROVE:
AND
FILED
01 MAY 24 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

OSPREY PROFESSIONAL ASSOCIATES, L.L.C.

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

Torsten C.A. Denward
3806 Glen Oaks Manor Drive
Sarasota, Florida 34232

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date:

MAY 23/01


Torsten C.A. Denward

"REGISTERED AGENT"

APPROVE
AND
FILED
01 MAY 24 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA