



L010000013515

ACCOUNT NO. : 072100000032

REFERENCE : 227912 7279301

AUTHORIZATION :

Patricia Pizzuto

COST LIMIT : \$ 125.00

ORDER DATE : July 19, 2001

ORDER TIME : 4:47 PM

ORDER NO. : 227912-001

CUSTOMER NO: 7279301

CUSTOMER: Mr. Chad E. Westrum
Mr. Chad E. Westrum

8815 Conroy-windermere Road
#179
Orlando, FL 32835

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 AUG 14 AM 8:42
NOT REQUIRED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DOMESTIC FILING

NAME: SILVERGATES, LLC

400004533314--0

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi - EXT. 1132
EXAMINER'S INITIALS:

APPROVED
AND
FILED
01 AUG 14 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
[Signature]

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SILVERGATES, LLC

ARTICLE II - Address:

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

8815 CONROY WINDERMERE ROAD #179, ORLANDO, FLORIDA 32835

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

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

<u>Corporation Service Company</u>		
Name		
<u>1201 Hays Street</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
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..

Corporation Service Company

By: Laura R. Dunlap

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Laura R. Dunlap
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.)

LAURA R. DUNLAP

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MEMBERS LIST
SILVERGATES, LLC

MC CANN UTU
8815 CONROY WINDERMERE ROAD #179
ORLANDO, FLORIDA 32835

CHAD WESTRUM
8815 CONROY WINDERMERE ROAD #179
ORLANDO, FLORIDA 32835

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL -25' 01 (WED) 13:51

88:39 08/18/01 16:38 RX TIME

CSC TALL

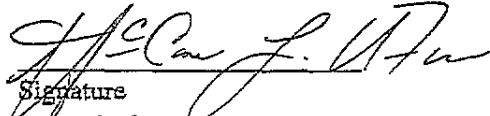
LOCATION: 208 977 7549

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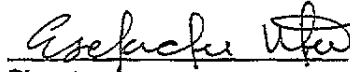
LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of SILVERGATES, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

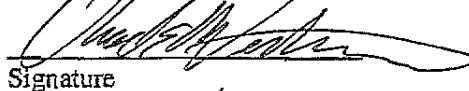
This Limited Power of Attorney is executed on this 12th day of August


Signature
McCann L. Utu
Print Name of Signer

WITNESS:


Signature
Esekuelu Utu
Print Name of Witness

WITNESS:


Signature
CHAD WESTRUM
Print Name of Witness

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED