

Osceola Paralegal Services, Inc.

17 S. Orlando Ave.  
Kissimmee, FL 34741  
(407) 870-5878  
Fax (407) 870-9997

Kathleen Foust  
Owner

December 14, 2001

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: STRATUS, LLC

Dear Sir or Madam:

L01-22265

100004730341--6

-12/18/01--01039--001

\*\*\*\*155.00 \*\*\*\*155.00

Enclosed is the original and one copy of the Articles of Organization for STRATUS, LLC, a limited liability company. Also enclosed is my check in the amount of \$155.00 for filing fees and a certified copy of the Articles.

Please file these articles as soon as possible and return the certified copy to this office.

Thank you for your assistance in this matter.

Sincerely,

*Kathleen M. Foust*

Kathleen M. Foust, Paralegal

Enclosures as Stated.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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ARTICLES OF ORGANIZATION

FOR

STRATUS, LLC

ARTICLE I: NAME

The name of the Limited Liability Company is: STRATUS, LLC.

ARTICLE II: ADDRESS

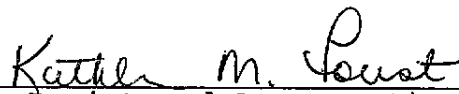
The mailing address and street address of the principal office of the Limited Liability Company is: 256 Old Mill Circle, Kissimmee, Florida 34746.

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

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

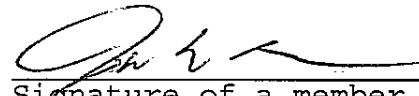
KATHLEEN M. FOUST  
17 S. Orlando Ave.  
Kissimmee, FL 34741

Having been designated as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept 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

ARTICLE IV: MANAGEMENT

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

  
\_\_\_\_\_  
Signature of a member or authorized  
representative of a member  
JULIE M. NORMAN

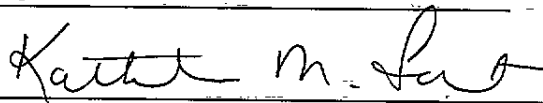
In accordance with Section 608.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
JULIE M. NORMAN  
256 OLD MILL CIRCLE  
KISSIMMEE, FL 34746

STATE OF FLORIDA :  
COUNTY OF OSCEOLA :

BEFORE ME, a notary public, personally appeared JULIE M. NORMAN, to me known to be the person described as member and executed the foregoing Articles of Organization, acknowledged before me that she subscribed to these Articles of Organization on the 19 day of December 2001. The following was provided as identification: FIN DL

(NOTARY SEAL)

  
Notary Public's Signature  
State of Florida at Large  
Kathleen M. Foster  
Notary Public's Printed Name



My Commission Expires:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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