

# L020000000053

LAWRENCE D. SEKAJIPO, CPA

December 20, 2001

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-12/26/01--01037--014  
\*\*\*\*160.00 \*\*\*\*160.00

Registration Section  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

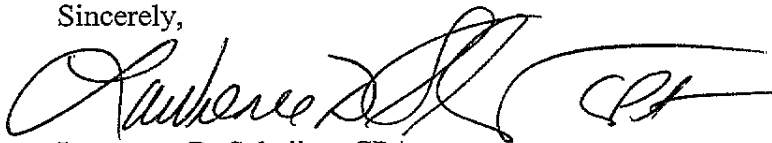
RE: Articles of Organization – ATINA VALUATION SERVICES, LLC.

Please find attached the Articles of Organization for Atina Valuation Services, LLC. Our registered agent name and address are:

Lawrence D. Sekajipo, CPA, 9384 N 56<sup>th</sup>. Street, Suite 3, Tampa, FL 33617, Telephone # (813) 989-3889.

Enclosed is a check in the amount of \$160.00 for filing fees.

Sincerely,



Lawrence D. Sekajipo, CPA  
Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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|-----------------|-----|
| Name            |     |
| Availability    |     |
| Document        |     |
| Examiner        | DCC |
| Dr. Letter      | DCC |
| Letter          |     |
| Verifier        | DCC |
| Acknowledgement | DCC |
| P. Verifier     | DCC |

Phone: (813) 989-3100  
Phone: (813) 989-3889  
Fax: (813) 989-3026  
Email: senyondi@mindspring.com

Member: American Institute of CPAs  
Florida Institute of CPAs

LAWRENCE D. SEKAJIPO, MBA, MPA, CPA  
Certified Public Accountant  
9384 N. 56th St.  
Suite 3  
Tampa, FL 33617

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2 pages

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: ATINA VALUATION SERVICES, LLC

## ARTICLE II - Address:

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

9384 N 56th Street, Suite 3, Tampa FL 33617

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

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

LAWRENCE D SEKAJIPO, CPA

Name

9384 N. 56th Street, Suite 3

Florida street address (P.O. Box **NOT** acceptable)

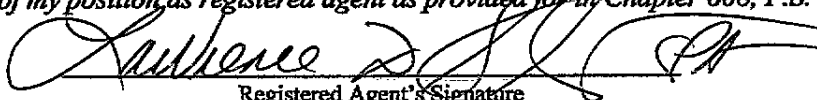
TAMPA

FL

33617

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.*

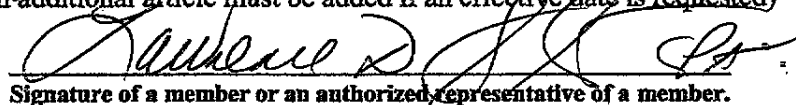


Registered Agent's Signature

## 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)



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.)

LAWRENCE D. SEKAJIPO, CPA

Typed or printed name of signer

### 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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TALLAHASSEE, FLORIDA