

FROM HILL, WARD, HENDERSON, P.A.

(TUE) 3.19'02 16:28/ST.16:27/NO.4260294511 P 1

**L02000000 6559**

**Florida Department of State**

**Division of Corporations**

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**To:**

**Division of Corporations  
Fax Number : (850)205-0383**

**From:**

**Account Name : HILL, WARD & HENDERSON, P.A. II  
Account Number : 072100000520  
Phone : (813)221-3900  
Fax Number : (813)221-2900**

**LIMITED LIABILITY COMPANY**

**Ferman Adamo I, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION**

**OF**

**FERMAN ADAMO I, LLC**

The undersigned executes these Articles of Organization of Ferman Adamo I, LLC to form a limited liability company pursuant to the Florida Limited Liability Company Act:

**ARTICLE I. NAME**

The name of the limited liability company is: Ferman Adamo I, LLC

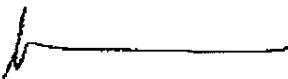
**ARTICLE II. ADDRESS**

The mailing and street address of the principal office of the limited liability company is 1306 West Kennedy Boulevard, Tampa, Florida 33606.

**ARTICLE III. REGISTERED AGENT AND OFFICE**

The street address of the initial registered office of the limited liability company is 101 East Kennedy Boulevard, Suite 3700, Tampa, Florida 33602, and the name of the Company's initial registered agent at that address is S. Katherine Frazier.

*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 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.*



S. Katherine Frazier

**ARTICLE IV. MANAGEMENT OF COMPANY**

The business of the limited liability company will be managed by the members.

EXECUTED: 3/19/02



S. Katherine Frazier  
Authorized Representative of Member

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FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
02 MAR 19