

Peter Scaglione, Jr.  
ATTORNEY & COUNSELOR AT LAW  
CERTIFIED FINANCIAL PLANNER

LO2 0000 16461

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June 25, 2002

Katherine Harris, Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

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-06/28/02--01056--009  
\*\*\*\*125.00 \*\*\*\*125.00

In Re: The Articles of Organization of Garry's Homeplate, L.L.C.

To whom it may concern:

Enclosed herein please find a check in the amount of \$125.00 to cover the cost of the filing fee for the above referenced limited liability company. We have included the original Articles of Organization of Garry's Homeplate, L.L.C., we ask that the same be filed under the laws of the State of Florida for the purpose of forming a limited liability company and the certificate be mailed directly to this writer.

Should there be any questions please feel free to contact me at your convenience.

Very Truly Yours,

PETER SCAGLIONE, JR., ESQUIRE

PS/tn  
Enc.

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02 JUN 29 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LO2-16461  
OK

**ARTICLES OF ORGANIZATION  
OF  
GARRY'S HOMEPLATE, L.L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I – NAME**

The name of this limited liability company shall be:

**GARRY'S HOMEPLATE, L.L.C.**

**ARTICLE II – ADDRESS**

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

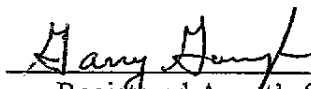
**10231 Garden Alcove Drive  
Tampa, FL 33647**

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE**

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

**GARRY GAWRYCH  
10231 Garden Alcove Drive  
Tampa, FL 33647**

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**

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

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TALLAHASSEE, FLORIDA

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## ARTICLE V- CLASS OF MEMBERS


The Company shall have two classes of members. One class of members shall be the active, voting members identified as managing members in the operating agreement. The other class of members shall be the passive, non-voting members of the Company except as provided for herein or in the regulations or operating agreement of the Company. Only the managing members shall have the authority to vote with respect to the active management of the business affairs of the Company. The other passive, non-voting members shall not participate in any way in the management of the Company business.

## ARTICLE VI – ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the company except with the unanimous written consent of all members (both managing and non-managing) of the Company and upon such terms and conditions as shall be determined by all the members as set forth in the regulations or operating agreement of the Company. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, both the transferee shall have no right to participate in the management of the business and affairs of the Company (and unless said member is a voting member as referenced in Article V herein) or become a member unless all the other members of the Company other than the member proposed to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

IN ACCORDANCE WITH statute 608.408, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
GARRY GAWRYCH, Member

  
KERI ADAMS GAWRYCH, Member

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TALLAHASSEE, FLORIDA

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Erica Christensen  
Name: Erica Christensen  
Address: 8701 Hunters Lake Dr  
Tampa, FL 33647

Garry Gawrych  
GARRY GAWRYCH, Member  
10231 Garden Alcove Dr.,  
Tampa, FL 33604

Vickie L Smith  
Name: Vickie L Smith  
Address: 8701 Hunters Lake Dr  
Tampa 33647

(In accordance with Statute 608.408(3), F.S.,  
the execution of this document constitutes  
an affirmation under the penalties of perjury  
That the facts stated herein are true.)

D. Lapides  
Name: D. LAPIDES  
Address: 3412 W SAN JOSE  
TAMPA, FL 33629

Keri Adams Gawrych  
KERI ADAMS GAWRYCH, Member  
10231 Garden Alcove Dr.,  
Tampa, FL 33604

Low J. Wilcoff  
Name: LOW J. WILCOFF  
Address: 4322 Barrett Ave  
Plant City, FL 33567


(In accordance with Statute 608.408(3), F.S.,  
the execution of this document constitutes  
an affirmation under the penalties of perjury  
That the facts stated herein are true.)

**STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH**

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally appeared GARRY GAWRYCH to me known to be the person or who has provided a Florida driver's license for identification, described in and who executed the foregoing instrument, and he acknowledged before me that he executed the same as his free act and deed for the uses and purposes therein stated.

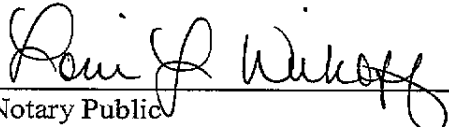
WITNESS my hand and official seal in the County and State last aforesaid this 17 day of June, 2002.

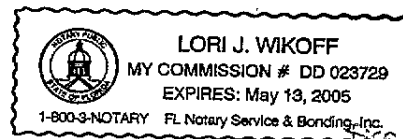
 Vickie L. Smith  
My Commission CC977508  
Expires October 25, 2004

Vickie L Smith  
Notary Public  
My Commission expires:  
Commission No.:

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally appeared KERI ADAMS GAWRYCH to me known to be the person or who has provided a Florida driver's license for identification, described in and who executed the foregoing instrument, and she acknowledged before me that she executed the same as her free act and deed for the uses and purposes therein stated.

WITNESS my hand and official seal in the County and State last aforesaid this 31<sup>st</sup> day of May, 2002.

  
\_\_\_\_\_  
Notary Public  
My Commission expires:  
Commission No.:



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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