

# LO2000018059

Florida Department of State  
Division of Corporations  
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Account Number : 072720000016  
Phone : (727)892-3100  
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DIVISION OF CORPORATIONS

## LIMITED LIABILITY COMPANY

### Lost Creek Limited Liability Company

Certificate of Status	1
Certified Copy	0
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1716 N. WESTSHORE BOULEVARD, SUITE 750  
TAMPA, FLORIDA 33607-3926  
TELEPHONE (813) 267-0550  
FAX (813) 289-5331

SUITE 1500, SOUTHTRUST BANK BUILDING  
150 SECOND AVENUE NORTH  
P.O. DRAWER 1441  
ST. PETERSBURG, FLORIDA 33731-1441  
TELEPHONE (727) 892-3100  
FAX (727) 898-0227

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Attention:

Organization: *Secretary of State*

Fax Number: *850-205-0383*

Phone Number:

From: *John C. Dew*

Date: *7-17-02*

Time: *10:35 a.m.*

Subject: *Last Creek LLC*

Client Matter # *1*

Pages: *5* (including cover page)

Comments:

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**ARTICLES OF ORGANIZATION OF  
LOST CREEK LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I****Name**

The name of the Limited Liability Company is: ~~Lost~~ Creek LLC

**ARTICLE II****Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 8005 Bardmoor Place, #202, Largo, Florida 33777

**ARTICLE III****Duration**

The period of duration for the Limited Liability Company shall be: Perpetual.

**ARTICLE IV****Management**

The Limited Liability Company is to be managed by the member(s) and the name and address of the managing member is: Donald Sullivan, 8005 Bardmoor Place, #202, Largo, Florida 33777.

**ARTICLE V****Initial Registered Agent**

The initial Registered Agent is: John C. Dew, 150 Second Avenue North, Suite 470, St. Petersburg, Florida 33701.

**ARTICLE VI****Membership and Contributions**

The undersigned member or authorized representative of a member of Lost Creek, LLC certifies:

- |    |   |            |
|----|---|------------|
| 1) | The above-named limited liability company has at least one member                                   |            |
| 2) | The total amount of cash contributed by the member(s) is  | \$1,000.00 |
| 3) | The total amount of cash and property contributed and anticipated to be contributed by member(s) is | \$1,000.00 |

THIS INSTRUMENT PREPARED BY:  
JOHN C. DEW, ESQUIRE  
HARRIS, BARRETT, MANN & DEW  
P. O. DRAWER 1441  
ST. PETERSBURG, FL 33731  
\*727)892-3100 FBN: 0019411

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TALLAHASSEE, FLORIDA

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IN WITNESS WHEREOF, I have signed these Articles of Organization and  
acknowledged them to be my act this 16<sup>th</sup> day of July, 2002.

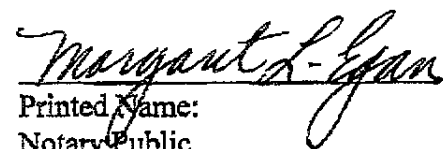
  
John C. Dew

STATE OF FLORIDA  
COUNTY OF PINELLAS

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

  
John C. Dew

Sworn to and subscribed before me this 16<sup>th</sup> day of July, 2002.

  
Printed Name:  
Notary Public  
My Commission Expires:  
Serial Number:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Margaret L. Egan  
MY COMMISSION # CC891196 EXPIRES  
January 31, 2004  
BONDED THRU TROY FAIR INSURANCE, INC.



Margaret L. Egan  
MY COMMISSION # CC891196 EXPIRES  
January 31, 2004  
BONDED THRU TROY FAIR INSURANCE, INC.

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: Lost Creek LLC.
2. The name and the Florida street address of the registered agent and registered office are: John C. Dew, 150 Second Avenue North, Suite 470, St. Petersburg, Florida 33701.

Having been named 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. If 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.

  
John C. Dew

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f:\Vori\lostcreek.cert of reg agent

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