L020000/9/	
ACCOUNT NO. : 07210000032	"ALLON CON
REFERENCE : 655170 7338408	3
AUTHORIZATION : Patricia Pry	int · r p
COST LIMIT : \$ 125.00	)
ORDER DATE : July 9, 2002	
ORDER TIME : 10:52 AM	
ORDER NO. : 655170-001	600006726956
CUSTOMER NO: 7338408	
CUSTOMER: Mr. David A. Bastian Mr. David A. Bastian	
15310 Amberly Dr., Ste 250	
Tampa, FL 33647	
DOMESTIC FILING	
NAME: SIMADELA LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILI	
CERTIFIED COPY XX PLAIN STAMPED COPY CEPTIFICATE OF COOD STANDING	CEN CEN CEN CEN
CERTIFICATE OF GOOD STANDING	AN II: : CRATINE FLORIDA

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J. BRYAN JUL 2 9 2002

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

SIMADELA LLC

### **ARTICLE II - Address:**

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

651 EGRET CIRCLE, DELRAY BEACH, FLORIDA 33444

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

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



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.

> ANDRE LABELLE By: ANDRE LABELLE

> > 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.)

DEBORAH D. SKIPPER

Typed or printed name of signee

#### 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)

## MEMBERS OF SIMADELA LLC

ALAN MA 651 Egret Circle Delray Beach, Florida 33444

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SCOTT A. DELMASTRO 651 Egret Circle Delray Beach, Florida 33444

ANDRE LABELLE 651 Egret Circle Delray Beach, Florida 33444



# LIMITED POWER OF ATTORNEY

THE HILLS CORPORT The undersigned hereby designates Corporation Service Company ("CSC"), a Delaward corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of SIMADELA LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder

This Limited Power of Attorney is executed on this 17 day of July, 2002

Signature

An odes LA

WITNESS

Print Name of Witness

Print Name of Signer

Signature

Scott A.

Print Name of Witness