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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : SEMPER WOODS Account Number : I2000000057

: (407)650-8133

Fax Number : (407)246-1675

LIMITED LIABILITY COMPANY

Salika Associates, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



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ARTICLES OF ORGANIZATION OF SALIKA ASSOCIATES, LLC

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

ARTICLE I - NAME

The name of the limited liability company shall be Salika Associates, LLC, ("company")

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company is 1110 key.

Ivanhoe Boulevard, #30, Orlando, FL 32804.

ARTICLE III - REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE

The name and street address of the registered agent of the company in the state of Florida are Jonathan D. Woods, 425 W. Colonial Drive, Suite 204, Orlando, FL 32804.

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 obligations of my position as registered agent as provided for in Chapter 608, F.S.

Ionathan D. Woods

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ARTICLE IV - MANAGEMENT

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

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be August 26, 2002.

IN WITNESS WHEREOF, the undersigned member or authorized representative has made and subscribed these articles of organization at Orlando, Florida, on August 26, 2002.

Jonathan D. Woods, authorized representative

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

STATE OF FLORIDA COUNTY OF ORANGE

Sworn to and subscribed before me this August 26, 2002 by Jonathan D. Woods, who is X personally known to me OR ___produced identification.

Type of identification produced:

Notary Public State of Florida



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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Under the provisions of F.S. 608.415 or 608.507, Salika Associates, LLC, 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: Salika Associates, LLC.
- The name and address of the registered agent in Florida is: Jonathan D. Woods
 425 W. Colonial Drive, Suite 204
 Orlando, FL 32804.

The undersigned, being the person named in the articles of organization of Salika Associates, LLC, as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

Jonathan D. Registered A

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