

LO200 0028903

(Requestor's Name)

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(City/State/Zip/Phone #)

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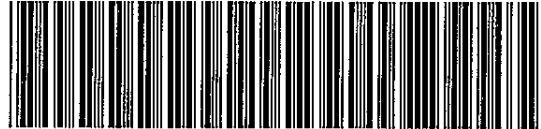
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CERTIFICATION
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

20-6201
10-29-02



ACCOUNT NO. : 072100000032

REFERENCE : 784389 7353958

AUTHORIZATION :

Tatucia Pizot

COST LIMIT : \$ 125.00

ORDER DATE : October 16, 2002

ORDER TIME : 1:11 PM

ORDER NO. : 784389-001

CUSTOMER NO: 7353958

CUSTOMER: Ms. Heidi L. Scharlow
Ms. Heidi L. Scharlow

9116 Bearcat Rd

New Port Richey, FL 34655

DOMESTIC FILING

NAME: SUNCOAST ADMINISTRATIVE
SERVICES LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Ginger Simmons - EXT. 1139

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUNCOAST ADMINISTRATIVE SERVICES LLC

ARTICLE II - Address:

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

9116 Bearcat Road, New Port Richey, Florida 34655

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

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

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32301
City, State, and Zip

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.

Corporation Service Company.

By: Deborah D. Skipper
Registered Agent's Signature

Deborah D. Skipper
Asst. V. Pres.

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)

Deborah D. Skipper
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)

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MANAGING MANAGERS
OF
SUNCOAST ADMINISTRATIVE SERVICES LLC

Mary Ann Barrett
9116 Bearcat Road
New Port Richey, FL 34655

Michael Scharlow
9116 Bearcat Road
New Port Richey, FL 34655

Heidi Scharlow
9116 Bearcat Road
New Port Richey, FL 34655

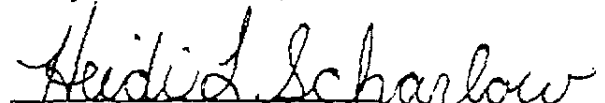
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LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware 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 SUNCOAST ADMINISTRATIVE SERVICES 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.

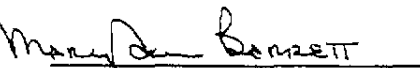
The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization 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 day of , 2002.


Signature

Heidi L. Scharlow
Print Name of Signer

WITNESS:


Signature

Mary Ann Barrett
Print Name of Witness

WITNESS:


Signature

Michael Paul Scharlow Jr.
Print Name of Witness

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TALLAHASSEE, FLORIDA

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