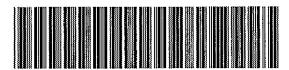
# L0300000/32

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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ACCOUNT NO. : 072100000032

TÄLLAHASSEE, FLORIDA

REFERENCE: 879993

93 7338408

AUTHORIZATION

and the same

COST LIMIT : \$ 125.00

ORDER DATE: January 3, 2003

ORDER TIME : 3:47 PM

ORDER NO. : 879993-001

CUSTOMER NO: 7338408

CUSTOMER: Mr. David A. Bastian

Mr. David A. Bastian

Suite 250, Suite 250, Suite 250, Suite 250, Suite 250 15310 Amberly

Tampa, FL 33647

### DOMESTIC FILING

NAME:

2604 ASSOCIATES, LLC

#### EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

03 JAN -9 FH 1: 22

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

2604 ASSOCIATES, LLC

LALLANA OF STATE

# **ARTICLE II - Address:**

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

2926 W. WALLCRAFT AVENUE, TAMPA, FL 33611

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

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

RICHARD N	. HORNSTROM	
N	lame	
2926 W. WAL	LCRAFT AVENUE	
Florida street address	(P.O. Box NOT acceptable)	
TAMPA,	FL 33611	
City, S	State, and Zin	

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.

RICHARD N. HORNSTROM

By: Richard N. Hornstrom

Registered Agent's Signature

(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)

2603 ASSOCIATES, LLC

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ALLAMASSEE, FLORIDA

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Richard N. Hornstrom - MGRM 2926 W. Wallcraft Avenue Tampa, Fl 33611

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#### LIMITED POWER OF ATTORNEY

England GF STATE LALLAHASSI E. FLORIDA

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 2604 ASSOCIATES, 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

Signature

Print Name of Signer

WITNESS:

Signature

WITNESS: