

L03000005761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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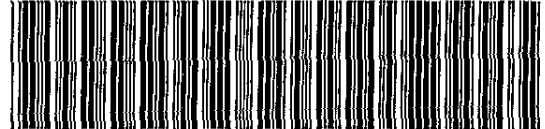
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Law Offices of
Robert B. Worman
1030 N. Orange Ave., Suite 102
Orlando, Florida 32801

Please Reply To:
Post Office Box 1764
Orlando, Florida 32802
Telephone (407) 843-5353
Facsimile (407) 841-9516

February 11, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Formation of Level 25, L.C.
Our File No.: 4702

Dear Clerk:

Enclosed are the following:

1. Original Articles of Organization for Florida Limited Liability Company, and
2. A check made payable to you in the amount of \$125.00, said check representing your filing fee.
3. A stamped envelope addressed to our office.

Please file the enclosed Articles of Organization for this Limited Liability Company, and return to our office the original Articles containing the Division's stamp indicating that same have been filed.

Your assistance in this matter is appreciated. Should you have any questions or concerns, please do not hesitate to contact our office.

Very truly yours,

LAW OFFICES OF ROBERT B. WORMAN


Scott S. Sheffler, Esq.

SSS:kgh
Enclosures

cc: Brian Clevinger

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Level 25, L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
11149 Point Sylvan Circle, Apt. E
Orlando, Florida 32825

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

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

Brian Clevinger

Name

11149 Point Sylvan Circle, Apt. E

Florida street address (P.O. Box **NOT** acceptable)

Orlando

FL 32825

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.

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.)

Brian Clevinger, for Level 25, L.C.

Typed or printed name of signee

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TALLAHASSEE
FLORIDA
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