

L03000006529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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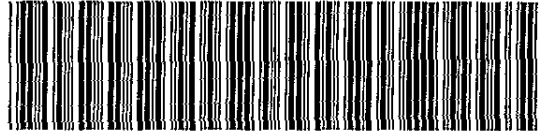
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2003 FEB 21 AM 9:08  
TALLAHASSEE, FLORIDA  
CORPORATIONS

J. BRYAN FEB 24 2003

Hugh J. Morgan  
James T. Hendrick  
Karen K. Cabanas  
Robert Cintron, Jr.

LAW OFFICES  
**MORGAN & HENDRICK**

317 WHITEHEAD STREET  
KEY WEST, FLORIDA 33040  
TELEPHONE 305.296.5676  
FACSIMILE 305.296.4331

W. Curry Harris  
(1907-1988)  
Hilary U. Albury  
(1920-1999)

February 18, 2003

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

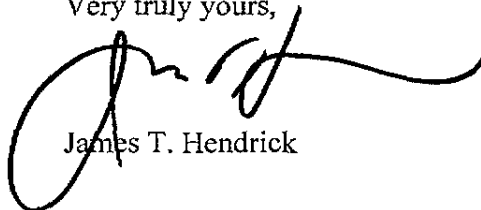
RE: New Filing - Articles of Organization - SIR-1, LLC

Dear Sir or Madam:

Enclosed for filing, please find ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY for SIR-1, LLC. Also enclosed is a check in the amount of \$125.00 representing the required filing fees.

Thank you for your assistance in this matter, and if you have any questions, please do not hesitate to contact me.

Very truly yours,



James T. Hendrick

JTH:co  
enclosure

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: SIR-1, LLC

## ARTICLE II - Address:

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

317 Whitehead St.  
Key West, Florida, 33040

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

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

James T. Hendrick  
Name  
317 Whitehead Street  
Florida street address (P.O. Box NOT acceptable)  
Key West FL 33040  
City, State, and Zip

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TALLAHASSEE, FLORIDA

*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.*

[Signature]  
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

[Signature]  
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.)

JAMES T. HENDRICK  
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)