

**L030000009881**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000084775 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 205-0383

From: **GAIL S. ANDRE**

Account Name : DOWDDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407) 843-4600  
Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

**LIMITED LIABILITY COMPANY**

**REMORA PARTNERS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

FILED  
2003 MAR 19 AM 4:08  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
RECEIVED  
03 MAR 19 PM 1:51  
DIVISION OF CORPORATION

03/19/03 WED 11:05 FAX

@001

**Lowndes  
Drosdick  
Doster &  
Kantor  
Reed, P.A.**

**ATTORNEYS  
AT LAW**

**MERITAS LAW FIRMS WORLDWIDE**

**FACSIMILE  
TRANSMITTAL  
FOR IMMEDIATE  
DELIVERY**

**GAIL S. ANDRÉ**  
DIRECT DIAL: (407) 418-6203  
NORTH EOLA DRIVE OFFICE  
POST OFFICE BOX 2809  
ORLANDO, FLORIDA 32802-2809  
gail.andre@lowndes-law.com

**FILED**  
**2003 MAR 19 AM 4:06**  
**JUDICIAL CORPORATION**  
**TALLAHASSEE, FLORIDA**

**From:** Gail S. André

**Date:** March 19, 2003

If you did not receive the indicated number of pages, or if  
any pages are illegible, please call us immediately at:  
(407) 843-4600 ext. 481

**Thank you**

**CONFIDENTIALITY NOTICE**

The information contained in this transmission is attorney  
privileged and confidential. It is intended only for the use of  
the individual or entity named below. If the reader of this  
message is not the intended recipient, you are hereby notified  
that any dissemination, distribution or copy of this  
communication is strictly prohibited. If you have received this  
communication in error, please notify us immediately by  
telephone collect and return the original message to us at the  
above address via the U.S. Postal Service. We will reimburse  
you for postage.

**TO:** Florida Department of State  
**FIRM:** Division of Corporations  
**FAX #:** 850-205-0383  
**PHONE #:**

**COMMENTS/SPECIAL INSTRUCTIONS:**

**Number of Pages (including cover page):** 3

**TIME OF TRANSMITTAL:** \_\_\_\_\_  
(TO BE COMPLETED BY TRANSMITTING OPERATOR)

**ORIGINAL WILL BE SENT BY :**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**MAIL**  
**FEDEX/OVERNIGHT COURIER**  
**HAND DELIVERY**

**ORIGINAL WILL NOT BE SENT :** ☒

**ATTY NO :** 427

**CLIENT NO :** 0099998

**MATTER NO:** 010901

H03000084775 3

ARTICLES OF ORGANIZATION  
OF  
REMORA PARTNERS, LLC

FILED  
2003 MAR 19 AM 4:08  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this limited liability company is REMORA PARTNERS, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the Company is 605 E. Robinson Street, Suite 420, Orlando, Florida 32801.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 605 E. Robinson Street, Suite 420, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is Blaine Strickland.

  
Signature of a Member or an Authorized  
Representative of a Member

Blaine Strickland  
Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated above, the undersigned hereby accepts the appointment as registered agent and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and represents that he is familiar with, and accepts the obligations of, his position as registered agent as provided for in Chapter 608, Florida Statutes.

  
Blaine Strickland