

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)205-0383

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Account Name : HARPER, KYNES, GELLER & BUFORD
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EFFECTIVE DATE

8-19-03

DIVISION OF CORPORATION

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LIMITED LIABILITY COMPANY

Myron J. Mensh, P.L.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Department of State
Department of State 8/20/2003 9:23 PAGE 1/1 RightFAX



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 20, 2003

HARPER, KYNES

EFFECTIVE DATE
8/19/03

SUBJECT: MYRON J. MENSE, P.L.
REF: W03000023647

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Trevor Brumbley
Document Specialist

FAX Aud. #: H03000256843
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MYRON J. MENSCH, P.L.

EFFECTIVE DATE

8-19-03

ARTICLE II - Address:

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

Principal Office Address:

1700-66TH STREET NORTH, SUITE 300

ST. PETERSBURG, FL 33710

Mailing Address:

1700-66TH STREET NORTH, SUITE 300

ST. PETERSBURG, FL 33710

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

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

PIERRE M. VOGELBACHER

Name

2560 GULF TO BAY BLVD., SUITE 300

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

CLEARWATER FL 33765

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

(CONTINUED)

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ARTICLE IV - Manager or Managing Member:

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

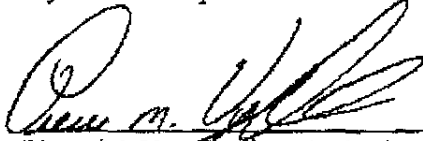
MGRM

Myron J. Mensh
1700 - 66th Street North, Suite 300
St. Petersburg, FL 33710**ARTICLE V - Effective Date:**

The Effective Date of this Limited Liability Company will be August 19, 2003.

ARTICLE VI - Purpose of Entity:

The purpose of this entity will be to operate as a law firm.



Pierre M. Vogelbacher, Authorized Agent(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.)03 AUG 20 11:11
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