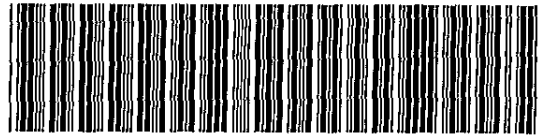


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03 AUG 20 PM 2

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA



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08/20/03--01042--005 \*\*125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

FILED  
03 AUG 20 PM 3: 52  
TALLAHASSEE, FLORIDA

**SUBJECT:** SITES GENESIS, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICOLAS ROMAIN  
(Name of Person)

SITES GENESIS  
(Firm/Company)

7617 NW 25 STREET  
(Address)

MARGATE, FL 33063  
(City/State and Zip Code)

For further information concerning this matter, please call:

NICOLAS ROMAIN at ( 954 ) 340-0895  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

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03 AUG 20 PM 3:11

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
SITES GENESIS, LLC

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

7617 NW 25 STREET  
MARGATE, FL 33063

**Mailing Address:**

7617 NW 25 STREET  
MARGATE, FL 33063

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

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

NICOLAS ROMAIN

Name

7617 NW 25 STREET

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

MARGATE FL 33063

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)

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

NICOLAS ROMAIN

7617 NW 25 STREET

MARGATE, FL 33063

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03 AUG 20 PM 3: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED 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.)

NICOLAS ROMAIN

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)