

FROM HOLLAND & KNIGHT LLP

THU 11/03/2005 4:08 PM Page 1 of 1

**L030000430410**

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

From: Account Name : HOLLAND & KNIGHT  
Account Number : 072100000016  
Phone : (813)227-8500  
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**LIMITED LIABILITY COMPANY**

Silver Sparrow Angels, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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FROM HOLLAND & KNIGHT TAMPA  
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(THU) 11. 6 '03 14:49/ST. 14:48/NO. 4260953075 P 2

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Silver Sparrow Angels, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4400 140th Avenue North

Suite 150

Clearwater, FL 33672

**Mailing Address:**

4400 140th Avenue North

Suite 150

Clearwater, FL 33672

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

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

Martin L. Poad

Name

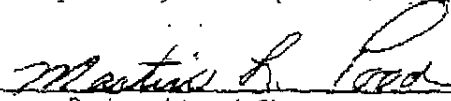
4400 140th Avenue North, Suite 150

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

Clearwater, FLORIDA 33672

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, Florida Statutes..*



Registered Agent's Signature

11-6 PM 2:45

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H03000312167 3

(THU) 11. 6' 03 14:49/ST. 14:48/NO. 4260953075 P 3

**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:**

MGRM

Martin L. Poad

4400 140th Avenue North, Suite 150

Clearwater, FL 33672

(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.)

Martin L. Poad  
Typed or printed name of signer

**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)