

DEC. 12. 2003o 2:18PMs CORPORATION SVC CO

NO. 993 ⁵⁰P. 1/3

File first: H03000334970 3
File second: H03000334971 3

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Florida Department of State
Division of Corporations
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(((H03000334970 3)))

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

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

AKU TIKI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS

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W03-52549
[Signature]

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

ARTICLE I - Name:
The name of the Limited Liability Company is:

Aku Tiki, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2225 S. Atlantic Avenue

Daytona Beach Shores, FL 32118

Mailing Address:

2225 S. Atlantic Avenue

Daytona Beach Shores, FL 32118

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Randem E. Burnett
Name

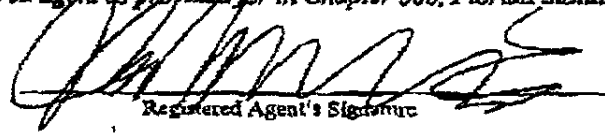
501 N. Grandview Ave., 3rd Floor East
Florida street address (P.O. Box NOT acceptable)

Daytona Beach FLORIDA 32118
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>Smed Family Associates, Ltd.</u>
	<u>2001 S. Atlantic Avenue</u>
	<u>Daytona Beach Shores, FL 32116</u>

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Thomas W. Staud
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.)

Thomas W. Staud, Authorized Person
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)

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