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(Requestor's Name)				
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(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:	7			
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DIVISION OF CORPORATE

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TRANSMITTAL LETTER

SUBJECT: SHARPE HCL, LTD. CO.	•		
(Nan	ne of Limited Liability Con	apany)	
The enclosed Articles of Organization and	fee(s) are submitted for fil	ing.	
Please return all c	correspondence concerning	this matter to the following:	
Phillip G. Lilly			
	(Name of Person)		_
Becker & Lilly, LLC	777		
	(Firm/Company)		C + J
100 East Broad Street, Suite 23			IVISION OF CO
	(Address)		
Columbus, Ohio 4321	15	_	OF STATE IN THE PH 3: 52
	(City/State and Zip Co	ode)	STATE STATE IS A 3: 52
For further information concerning this ma	atter, please call:		3,
Phillip G. Lilly	at (614) 469-4778 (Ext. 2)	
(Name of Person)		ode & Daytime Telephone Number)	

STREET ADDRESS:

TO:

Registration Section

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

ARTICLE I - Name: The name of the Limited Liability Company is:	
SHARPE HCL, LTD. Co.	
ARTICLE II - Address: The mailing address and street address of the principal control of the pri	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address: 918 Villa Florenza Drive
918 Villa Florenza Drive	918 Villa Florenza Drive
Naples, Florida 34119	Naples, Florida 34119
	Naples, Florida 34119 P
	2
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the regis	
CT Corporation System	
Name	
1200 South Pine Island Road Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)
Plantation City, State, and 2	FLORIDA 33324 -

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
James H. Tanks III
Assistant Secretary

Page 1 of 2 (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 MGR Gary L. Sharpe 918 Villa Florenza Drive Naples, Florida 34119 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE:

PHILLIP G. LILLY

that the facts stated herein are true.)

Typed or printed name of signee

Signature of a hember 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

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)