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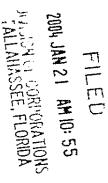
(Requestor's Name)	
(Address)	
- (Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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J. BRYAN FEB - 2 2004

## TRANSMITTAL LETTER

10: Registration Section Division of Corporations		
SUBJECT: Metro Première Properties 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:		
Please return all correspondence concerning this matter to the following:		
John H Scardino		
(Name of Person)		
Metro Première Properties		
(Firm/Company)		
7852 S Elati St. Suite 102		
(Address)		
Littleton Colorado 80120		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
John H Scardino at (303) 794-8900  (Name of Person) (Area Code & Daytime Telephone Number)		
(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



ARTICLE I - Name: The name of the Limited Liability Company is:	The As
Metro Première P	roperties LLC
ARTICLE II - Address: The mailing address and street address of the princip	eal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
905 Prima Vista Blud	Metro Première Propertie
Suite E	7852 S. Elati St Ste 102
<u>Suite E</u> <u>Port St Lucie Florida</u>	Littleton Colorado
	80120
ARTICLE III - Registered Agent, Registered Offi The name and the Florida street address of the register	ered agent are:
John H Scard	lino
	a Blyd Suite E
Port St Lucie	FLORIDA

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..

City, State, and Zip

Registered Agent's Signature
John H Scardino

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	John H Scardino 905 Prima Vista Blud Suite E Port St Lucie Florida
MGRM	Daniel J Scardino  905 Prima Vista Blud Suite E  Port St Lucie Florida
MGRM	Keith A Boham  905 Prima Vista Blud Suite Port St Lucie Florida E  34952
(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.)

John H Scardino

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)

FILED S55