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| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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WO4-3302

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

All Made Constitution of the State of the St (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:

For further information concerning this matter, please call:

nanasulis at 727 (Name of Person)

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 27, 2004

WILLIAM P. ATHANASULIS ADVANCED GARAGE SOLUTIONS, LTD. 63 PATRICIA AVE. DUNEDIN, FL 34698

SUBJECT: ADVANCED GARAGE SOLUTIONS, LTD.

Ref. Number: W04000003302



The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 404A00005301

Joey Bryan Document Specialist Company of the Compan

ARTICLES OF ORGANIZATION **FOR**



| FLORIDA LIMITED I | LIABILITY COMPANY |
|--|--|
| ARTICLE I - Name: The name of the Limited Liability Company is: Advanced Garage | |
| ARTICLE II - Address: The mailing address and street address of the pr | rincipal office of the Limited Liability Company is: |
| Principal Office Address: 63 Patricia Ave. Dunedin, FL 34698 | Mailing Address: |
| | |

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

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

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..

Page 1 of 2 (CONTINUED)

AM MASO CA 1:36 The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: member or an authorized represe (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

that the facts stated herein are true.)

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee