

Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247

Phone : (305) 674-3313

Fax Number

: (305)675-2811

LIMITED LIABILITY COMPANY

Pete Dykeman LLC

Certificate of Status	0
Certified Copy	0
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Corporate Filing

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 2, 2004

A1A CORPORATE SERVICES, INC.

SUBJECT: PETE DYKEMAN LLC

REF: W04000004325

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A post office box is not an acceptable address for the registered agent.

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Trevor Brumbley Document Specialist FAX Aud. #: H04000022037 Letter Number: 704A00006764

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

Pete Dykeman LLC

ARTICLE II: Address

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

PO BOX 3592

Clearwater, FL 33767

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

A1A Registered Agent Inc.

92 Sadberry Road

Quincy, Florida 32351

Having been named as registered agent 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, F.S.

A1A Registered Agent Inc. / Registered Agent's Signature

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ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

Managing Member Peter Dykeman PO BOX 3592 Clearwater, FL 33767

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.)

Peter Dykeman Typed or printed name of signee