

LO4000012742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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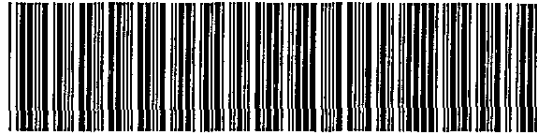
(Business Entity Name)

(Document Number)

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LO4-12742
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MEMO

To: Florida Division of Corporations

From: Jim Schwartz
Attorney at Law
235 North Garden Ave.
Clearwater, FL 33755
Tel: 727 441 3334
Fax: 727 441 9395
e-mail: jasatt@gte.net

Re: Filing of LLC's

Date: February 4, 2004

Please file

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Edgewood Properties, LLC**ARTICLE II - Address:**

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

Principal Office Address:**Mailing Address:**473 20th Ave.Indian Rocks Beach, FL 33785**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Kevin M. McGrath

Name

473 20th Ave.Florida street address (P.O. Box **NOT** acceptable)473 20th Ave.FLORIDA 33785

City, State, and Zip

SECRETARY OF STATE
 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 603, Florida Statutes.

x Kevin M. McGrath

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:

Title:**"MGR" = Manager****"MGRM" = Managing Member****Name and Address:**

Kevin McGrath, MGRM

473 20th Ave.

Indian Rocks Road, FL 33786

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 608.409(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kevin M. McGrath

Typed or printed name of signer

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)