Division of Corporations. Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : STANTON AND GASDICK, P.A.

Account Number : .075350000152 Phone : (407) 423-5203 Fast Number : (407)425-4105

LIMITED LIABILITY COMPANY

A2MM, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

Corporate Filing

Public Access Help

2/13/2004

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ARTICLES OF ORGANIZATION OF A2MM, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I - Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "A2MM, LLC".

ARTICLE II - Address:

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

4454 Coronado Parkway Cape Coral, Florida 33904

ARTICLE III - Registered Agent:

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

Michael J. Gasdick 37 N. Orange Ave, Suite 210 Orlando, Florida 32801

ARTICLE IV - Management:

The Company is to be a manager-managed company.

ARTICLE V - Limitation on Agency Authority of Members:

Pursuant to section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

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IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 17th day of February, 2004.

Signature of authorized representative Michael J. Gasdick

(In accordance with section 608.408(3), Florida Statutes, the execution of this change constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Signature of Registered Agent

Michael J. Gasdick

CRETARY OF STATE

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