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Fax Number : (850) 205-0383

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850) 222-1173
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LIMITED LIABILITY COMPANY

SRLOFT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION

SRLoft, LLC
a Florida limited liability company

ARTICLE I
NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

SRLoft, LLC

ARTICLE II
PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

5539 Ashton Way
Sarasota, Florida 34231

ARTICLE III
INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Susan Mitchell
5539 Ashton Way
Sarasota, Florida 34231

ARTICLE IV
MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations or Operating Agreement of the Limited Liability Company.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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IN WITNESS WHEREOF, these Articles of Organization have been executed as
of the 24th day of February, 2004.


Susan Mitchell

"Authorized Representative"

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

SRLoft, LLC
2. The name and the Florida street address of the registered agent is:

Susan Mitchell
5539 Ashton Way
Sarasota, Florida 34231

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 2/24/04


Susan Mitchell

"Registered Agent"

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