

L04000027141

Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

asr, llc

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

3

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ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASR, LLC.

Article II - Address:

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

Principal Office Address:

42202 Fisher Island  
Fisher Island Drive, FL  
33109

Mailing Address:

42202 Fisher Island  
Fisher Island Drive, FL  
33109

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:


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

Joseph Dieppa  
Name

42202 Fisher Island  
Florida street address (P.O. Box NOT acceptable)

Fisher Island Drive, FL 33109  
City, State, and Zip

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, F.S.

  
Registered Agent's Signature

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**ARTICLE IV - Management / Member(s):**

The name(s) and address(es) of each Manager or Managing Member is as follows"

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

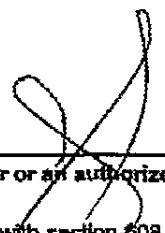
Mgr

Joseph Dieppa  
42202 Fisher Island  
Fisher Island Drive, FL 33109

(Use attachment if necessary)

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

Joseph Dieppa  
Typed or printed name of signer

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