Electronic Filing Cover Sheet

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CRATIARY OF

To:

Division of Corporations

Fax Number :

: (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)222-9428

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IVISION OF CORPORATE

LIMITED LIABILITY COMPANY

Seabatical LLC

Certificate of Status	0
Certified Copy	3
Page Count	03
Estimated Charge	\$215.00

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Public Access Halp

	SOF ORGANIZATION FOR FOR TED LIABILITY COMPANY S	DA ALK 5P
ARTICLE I - Name: The name of the Limited Liability Compa	SEE, FLOR	b an yi b
ARTICLE II - Address:	the principal office of the Limited Liability Company Mailing Address;	
1522 Hermilage Lane	25311 O'Keefe Lane	
Cape Coral, FL 33914	Los Altos Hills, CA 94022	
ARTICLE III - Registered Agent, Regis The name and the Florida street address or	stered Office, & Registered Agent's Signature: f the registered agent are:	

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, Florida Statutes...

Name

c/o C T Corporation System, 1200 South Pine Island Rd.
Florida street address (P.O. Box NOT acceptable)

City, State, and Zip

CT Corporation System

Piantation

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
Registered Agent's Signature

FLORIDA 33324

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		<u>.</u> 	
MGR	Russell R. Harris		_ Z	0
	25311 O'Keefe Lane			O4 APR
	Los Altos Hills, 94022			70
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(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 penjury that the facts stated herein are true.)

Anne E. Senti-Wills

Typed or printed name of signee

Filing Fees: \$100.00 Fling Fee for Articles of Organization

5 25.00 Designation of Registered Agent

5 38.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2