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Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATION



LLC Articles Filing Letter

May 22, 2004

Florida Department of State Division of Corporations P.O. Box 6327, Tallahassee, FL 32314

LLC Filings Office:

I enclose an original and 1 copy of the proposed Articles of Organization of Skate Paradise, LLC, a proposed domestic limited liability company. Please file the Articles of Organization and return a file-stamped copy of the original Articles or other receipt, acknowledgment or proof of filing to me at the address below.

A check/money order in the amount of \$125.00, made payable to your office, for total filing and processing fees is enclosed.

[] The above LLC name was reserved for my use , issued on

Sincerely,

_, Organizer

Victoria E. Tharp 355 Renoir Drive Osprey, Fl 34229

(941)918-8983 Home

(941)350-2015 Cell

Enclosures: Articles of Organization; check/money order

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SKATE PARADISE LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Victoria THACO (Name of Person)	
State Paradise LLC	0 5
355 Renoir Drive	A JUNIO
OSPCEY St. 34229 City/State and Zip Code)	AH II: 25
For further information concerning this matter, please call:	a ₹
11/2 top/4 Thora = 941, 918-8983	

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

(Name of Person)

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 2, 2004

SKATE PARADISE, LLC 355 RENOIR DRIVE OSPREY, FL 34229

SUBJECT: SKATE PARADISE, LLC

Ref. Number: W04000021253

We have received your document for SKATE PARADISE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Letter Number: 804A00037880

Lee Rivers **Document Specialist**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
SKATE PARAdisE, 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:
355 Renoir DR. 355 Renoir DR.
OSPREY SL. DSDREY SL.
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Name 355 Revor Drive Florida street address (P.O. Box NOT acceptable) PROPERTY FLORIDA 34349
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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:	,
"MGRM" = Managing Member	· · ·	
mgr	Victoria E Osoreu Pl	JRIVEL 3429
MGRM	Michael W. 355 Renoin Osprey, F	THAD Drive! 2.34209
		<u> </u>
(Use attachment if necessary)		
NOTE: An additional article mu	st be added if an effective date is 1	equested.
REQUIRED SIGNATURE: Signature of a member o	Sharp r an authorized representative of a mem	O4 JUN 1
(In accordance with section of this document constitute that the facts stated herein	n 608.408(3), Florida Statutes, the executions an affirmation under the penalties of perjare true.)	ANII: 25
1/ictoria	or printed name of signee	Tions:

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)