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## PAUL SIDNEY ELLIOTT

ATTORNEY-MEDIATOR-ARBITRATOR

OFFICE ADDRESS:

THE FINANCIAL CENTERS, SUITE 133 2701 WEST BUSCH BOULEVARD TAMPA, FLORIDA 33618-4578 TELEPHONE (813) 265-1314

9/8/04

MAILING ADDRESS: Post Office Box 274204 Tampa, Florida 33688-4204 Telecopier (813) 931-1314 E-Mail: PSEJD@GTE.NET

FL DEPT OSTATE

RE: RAPP/WEST LLC

ENCLOSED IS ORIGINAL+ COTY of ARTICLES of OLGANIZATION WITH MY CHECK 9120 FORTHARD OF SECULORISE FILE + RETURNSSEEFFERENCE OF THE STAMPED (OPY TO ME. THANKS FERENDE CALL IF Q'S

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#### ARTICLES OF ORGANIZATION OF

#### RAPP/WEST 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 "RAPP/WEST LLC."

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Company is: 2202 North Westshore Blvd., 5th Floor, Tampa, Florida 33607-5761.

#### ARTICLE III - Registered Agent:

The name and the Florida street address of the initial registered agent are: **ROBIN AHLQUIST**, 2202 North Westshore Blvd., 5th Floor, Tampa, Florida 33607-5761.

#### ARTICLE IV - Management:

The Company is to be managed by the members.

#### 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.

ARTICLE VI — Operating Agreement

Any Operating Agreement (as defined in Section 608.402(24) of the Act), relating to this Dannied Liability Company must be in writing and signed by all of the members.

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

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ignature of Authorized Representation

PAUL SIDNEY ELLIOTT

Attorney at Law Printed Name of Signee

#### STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

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 designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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

ROBIN AHLQUIST
Printed Name of Signee

OU SEP TO PH 1: 17
SECHETARY OF STATE