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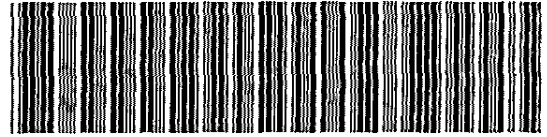
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TALLAHASSEE, FLORIDA

2004 OCT 21 P 2:40

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BRUCE PAUL ZAVON
Attorney at Law
bruce@lawofficeof.bz

St. Augustine Office
18 Ocean Drive
St. Augustine FL 32080
(904) 471-0319
(904) 471-8029 Fax

Seattle Office
1325 4th Ave. # 940
Seattle WA 98101
(206) 778-3047 Cell
(206) 624-0717 Fax

October 19, 2004

Florida Department of State
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee FL 32399

Dear Division of Corporations:

Enclosed are two copies of the Articles of Organization for UWCP LLC, together with a check in the amount of \$125.00. Please stamp and return one copy for my files; a self addressed envelope is enclosed.

Very Truly,



Bruce Paul Zavon

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UWCP 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:

Bruce Paul Zavon
(Name of Person)

Attorney at Law
(Firm/Company)

18 Ocean Drive
(Address)

St. Augustine FL 32080
(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce Paul Zavon at (904) 471-0319
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

UWCP LLC

ARTICLE II - Address:

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

Principal Office Address:

18 Ocean Drive

St. Augustine FL 32080

Mailing Address:

18 Ocean Drive

St. Augustine FL 32080

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

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

Bruce Paul Zavan, Attorney

Name

18 Ocean Drive

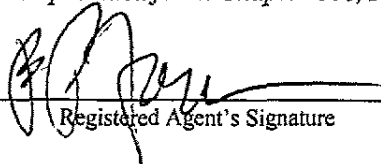
Florida street address (P.O. Box **NOT** acceptable)

St. Augustine

FLORIDA 32080

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

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2009 OCT 21 4:00
TALLAHASSEE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

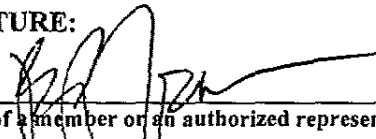
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<u>MGRM</u>	<u>Bruce Paul Zavon</u> <u>18 Ocean Drive</u> <u>St. Augustine FL 32080</u>
<u>MGRM</u>	<u>Ryan Canon</u> <u>1340 NE Parvin Road #304</u> <u>Kansas City MO 64116</u>
<u>MGRM</u>	<u>Richard Perry</u> <u>12678 Green Circle</u> <u>Broomfield CO 80020</u>

(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.)

Bruce Paul Zavon

Typed or printed name of signee

- 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)

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TALLAHASSEE, FLORIDA
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