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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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OCT 25 PM 12:30  
TALLAHASSEE, FLORIDA

15

## Erfra Group, LLC

P.O. Box 3041 Santa Clara, CA 95055

October 19, 2004

P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

I am filing the attached Articles of Organization to designate ~~my~~ my business as an LLC. I am located in the state of California. However my business and registered agent are located in the state of Florida. The requested information is below:

Name: Errol F. Hayward

Requested business name: Erfra Group, LLC

Address: P.O. Box 3041 Santa Clara, CA 95055

Tel: 408 315-1391

Sincerely,



Errol F. Hayward  
Managing Member

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04 OCT 25 PM 12:36  
STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ERFRA Group, 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:

ERROL F. HAYWARD

(Name of Person)

ERFRA Group, LLC

(Firm/Company)

P.O. Box 3041

(Address)

SANTA CLARA, CA 95055

(City/State and Zip Code)

For further information concerning this matter, please call:

ERROL F. HAYWARD

(Name of Person)

at ( 408 ) 315-1391

(Area Code & Daytime Telephone Number)

FILE  
04 OCT 25 PM 12:36  
TALLAHASSEE, FLORIDA

**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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ERFA Group, LLC

**ARTICLE II - Address:**

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

Principal Office Address:

3400 9<sup>th</sup> STREET SOUTH  
ST. PETERSBURG FL  
33705

Mailing Address:

P.O. Box 3041  
SANTA CLARA, CA  
95055

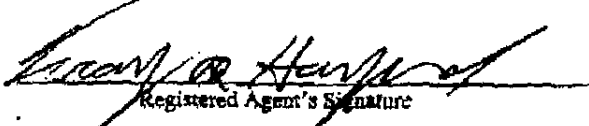
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**  
The name and the Florida street address of the registered agent are:

FRANK A. HAYWARD  
Name  
3400 9<sup>th</sup> STREET SOUTH  
Florida street address (P.O. Box NOT acceptable)  
ST. PETERSBURG, FLORIDA 33705  
City, State, and Zip

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*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

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

ERROL F. HAYWARD

P.O. Box 3041

SANTA CLARA, CA 95055

MGRM

FRANZ Q. HAYWARD

3400 9TH STREET SOUTH

ST. PETERSBURG, FL 33705

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Errol F. Hayward

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.)

ERROL F. HAYWARD

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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**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)