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DIYALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

_	of Corporations		
SUBJECT:	SDP Capital, 1	LLC -	
_	(Name of Li	mited Liability Company)	• • • • • • • • • • • • • • • • • • •
The enclosed A	icles of Organization and fee(s)	are submitted for filing.	
	Please return all correspo	ondence concerning this matter to the following	
	Larry F	K. Meeker	0)19
		(Name of Person)	巴普
	Stinsor	n Morrison Hecker LLP	MALLAHASSEE.
		(Firm/Company)	SEG 7
	150 N.	Main, Suite 600	ER 2:
		(Address)	35
	Wichita	a, KS 67202-1320	マジ
	((City/State and Zip Code)	
For further info	nation concerning this matter, ple	ease call:	
Larry	K. Meeker	at(316)265-8800	-
	(Name of Person)	(Area Code & Daytime Telephone Nur	nber)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street

Tallahassee, Florida 32399

[2]

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 Limite	d Liability Company is:		PORA
SDP Capital,	LLC		36
ARTICLE II - Addres The mailing address and	= -	incipal office of the Limited L	iability Compar
Principal Office Address:		Mailing Address:	
David Pagano		Same	
9391 Lake Se	rena Drive	-	
Boca Raton,	FL 33496		
The name and the Flori	ered Agent, Registered da street address of the r David Pagano	Office, & Registered Agent' egistered agent are:	's Signature:
** **	Name		
	9391 Lake Serena	a Drive	
· · · · · · · · · · · · · · · · · · ·	Florida street address (P.C	D. Box <u>NOT</u> acceptable)	•
	Boca Raton	FLORIDA 33496	
- /· _ 	City, State, a		

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)

<u>litle:</u>	Name and Address:
MGR" = Manager	
MGRM" = Managing Member	N. C.
MGR	David Pagano
	9391 Lake Serena Drive
	Boca Raton, FL 33496
MGR	Steve Glucksman
	12220 Kenton Way
	Boca Raton, FL 33428
* *	
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· ·	
Use attachment if necessary)	
500 Garage 20 20 20 20 20 20 20 20 20 20 20 20 20	
OTE: An additional article	must be added if an effective date is requested.
	must be added if an effective date is requested.
OTE: An additional article	must be added if an effective date is requested.
EQUIRED SIGNATURE;	must be added if an effective date is requested.

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)

Typed or printed name of signee