104000086798

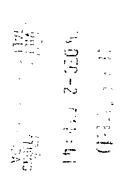
(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
fied Copies	_ Certificates	s of Status
ecial Instructions to	Filing Officer:	

Office Use Only



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J. SRYMAN DEC 2 2004

04A-67610



CORPORATION SERVICE COMPANYS*

1201 Hays Street Tallahassee, FL 32301 850-521-1000 850-521-1010(fax)

Account Number: 072100	0000032	
Client Account Number:_	810937	ANSSE A
Cost Limit: 125.0	<u></u>	
Authorization:	via Print	ORIDA
Contact: Heather Corpor	Chapman x 2908 ration Name(s) & Document m	umber(s)
1) (IPUS 9 F	ENTERPRISES II, LL	<u> </u>
2)		
<i>4</i>)		
3)		
J)		
4)		
Stamped Copy _	Certified Copy	
Type of Filings:		
New Filings	Amendment	Qualification
Profit	Amendment	Profit
NFP	COA	NFP
LIC .	Dissolution/Withdrawal	LLC
LTD	Merger	LTD
Other:		
Annual Report	Fictitious Name	Reinstatement

NAME

ADDRESS

OPUS 9 ENTERPRISES, LLC

23640 Walden Center Drive, #304 Bonita Springs, Florida 34134



IN WITNESS	WHER	EOF, the	unders	signed mem	bers have	made and	subscribe	these .	Articles of
Organization at Fort	Myers,	Florida,	for th	e foregoing	uses an	d purposes	this	"	_ day of
November		, 2004							

OPUS 9 ENTERPRISES, LLC

Steven P. Fischer, Manager

STATE OF FLORIDA

COUNTY OF LEE

(Seal)

My Comm. Expires: My Comm. No.:

Printed Notary Signature

CRAIG R. HERSCH
MY COMMISSION # DD 093284
EXPIRES: June 18, 2006
Borded Thru Notery Public Underwriters

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for OPUS 9 ENTERPRISES II, LLC, at the place designated herein, 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. I am familiar with and accept the obligations of my position as registered agent, as provided for in Chapter 608, Florida Statutes.

keven P. Fischer

Date: 11/11/04