

MAR. 11. 2005 9:16AM  
Division of Corporations

GASSMAN, BATES & ASSOC.

NO. 0229

P. 1

WS000025158

Florida Department of State  
Division of Corporations  
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**LIMITED LIABILITY COMPANY**

**PALAZZOCLEARWATER, L.L.C.**

Certificate of Status	0
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GASSMAN, BATES&ASSOC.

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **PALAZZOCLEARWATER, L.L.C.**

**ARTICLE II - Address:**

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

**780 Eldorado Avenue, Clearwater, FL 33767**

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

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

**Alan S. Gassman**

Name

**1245 Court Street, Suite 102**

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

**Clearwater, FL 33756**

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, F.S.*

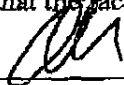


Registered Agent's Signature

(An additional article must be added if an effective date is requested)

**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.)



**ALAN S. GASSMAN**

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jes 3-10-05

**ARTICLES OF ORGANIZATION OF PALAZZOCLEARWATER, L.L.C.**

**PAGE 1**

**Alan S. Gassman, Esquire**  
**1245 Court Street Suite 102**  
**Clearwater, FL 33756**  
**(727) 442-1200**  
**Florida Bar #: 371750**  
**Audit Fax #:** \_\_\_\_\_

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