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Florida Department of State

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Division of Corporations

Fax Number : (850)205-0383

Account Name

: KRASNY AND DETIMER Account Number : 102771002615

: (321)723-5646 Fax Number : (321)768-1147

LIMITED LIABILITY COMPANY

SP4, LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION **OF** SP4, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

1.0 NAME.

The name of the Limited Liability Company is SP4, LLC.

2.0 ADDRESS.

The mailing address and street address of the principal office of the Limited Liability Company is 2225 Highway A1A, Unit 910, Indian Harbour Beach, Florida 32937.

3.0 REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE.

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

Champaklal T. Patel 2225 Highway A1A, Unit 910 Indian Harbour Beach, Florida 32937

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,

THIS INSTRUMENT PREPARED BY: DALE A. DETTMER, ESQ. 304 S. Harbor City Boulevard, Suite 201 Melbourne, Florida 32901 (321) 723-5646 Florida Bar Number: 172988

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4.0 MANAGEMENT.

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledge them to be my act this ______ day of June, 2005.

Champaklal T. Patel, Member

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