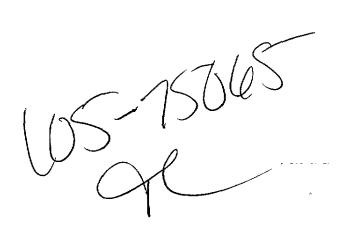


·
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only
Johnathan GAVE
AUTHORIZATION BY PHONE TO
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I KANSWII I AL LEI I EK		
TO: Registration Section Division of Corporations		
SUBJECT: Siroco (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:		
Johnathan Tillman (Name of Person)		
(Firm/Company)		
(Firth Company)		
221 Dempsey Way		
Orlando, Fl 32835 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Tohnoshon Tillman at (407) 443-0189 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee} & \ \ \text{Certificate of Status} & \text{Certified Copy} & Certified C	,	

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:

Sirocco UC	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
221 Dempsey Way Orlando, Fl 32x35	Drlando, Fl 32835
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
Johnathan Name	Tillman
221 Dem DSC. Florida street addo	es (P.O. Box NGT acceptable)
Orlando City, State, an	FL 32835 d Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete perj	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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:	ers
MGR	Johnshan Tillman 22) Dempsey Way Drlando, FTO 3288	<u>_</u>
		<u></u>
(Use attachment if necessary)	nust be added if an effective date is requested.	
REQUIRED SIGNATURE:	La L	
(In accordance wi	ember or an authorized representative of a member. ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)	
_50hn	Typed or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)