

L 05000080201

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000195247 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : PYLE & DELLINGER, PL.
Account Number : I20000000053
Phone : (386) 615-9007
Fax Number : (386) 676-2615

RECEIVED
05 AUG 15 PM 3:37
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
ORION ACQUISITIONS, LLC

FILED
05 AUG 15 AM 8:15
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Wlod/16/05

Electronic Filing Menu

Corporate Filing

Public Access Help

30

ARTICLES OF ORGANIZATION OF ORION ACQUISITIONS, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

ARTICLE I NAME

The name of the Limited Liability Company is **ORION ACQUISITIONS, LLC.**

ARTICLE II ADDRESS

The street address and the mailing address of the principal office of the Company is **6 Broadriver Road, Ormond Beach, Florida 32174.**

ARTICLE III REGISTERED OFFICE AND AGENT

The name and Florida street address of the registered agent is **Steven Cooper, 6 Broadriver Road, Ormond Beach, Florida 32177.**

IN WITNESS WHEREOF, the undersigned Authorized Representatives have executed these Articles of Organization on this 10 day of August, 2005.



STEVEN COOPER



STEVEN J. BROWN

05 AUG 15 AM 8:15
STATE OF FLORIDA
TALLAHASSEE

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 10 day of August, 2005, by **STEVEN COOPER and STEVEN J. BROWN** who are personally known to me, or who presented Florida drivers licenses or _____ drivers licenses or _____ as identification.

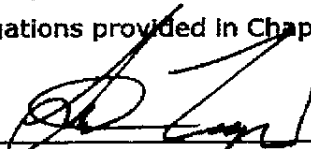


Notary Public
MICHAEL A. PYLE
(Printed Name)
My Commission Expires:  Michael A. Pyle
My Commission DD271368
Expires December 03, 2007

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.



STEVEN COOPER, Registered Agent

05 AUG 15 AM 9:15
STATE
TALLAHASSEE, FLORIDA