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Law Office

TIMOTHY M. GOAN, P.A.

CORPORATE PLAZA
1 CORPORATE DRIVE
SUITE 1-C
PALM COAST, FLORIDA 32137

Telephone (386) 445-9003 FACSIMILE (386) 445-0540

September 16, 2005

Secretary of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: FAS, LLC

To Whom It May Concern:

Enclosed please find one original and copy of the Articles of Organization of **FAS, LLC** for filing. Please file and return a certified copy of the Articles to this office. This firm's check in the amount of \$125.00 is enclosed, along with a self-addressed, stamped envelope.

Thank you for your attention to this matter.

Sincerely,

Kristine M. Wolfe

Legal Assistant to Timothy M. Goan

Encl.



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 29, 2005

KRISTINE M WOLFE 1 CORPORATE DRIVE SUITE 1-C PALM COAST, FL 32137

SUBJECT: FAS, LLC

Ref. Number: W05000045051

We have received your document for FAS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Letter Number: 805A00059435

Becky McKnight Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION

of

FAS, LLC

STERETARY OF STATE

OF OCT -6 PH 3: 18

The undersigned subscriber of these articles of organization, a natural person competent to contract, hereby forms a Florida Liability Company under the laws of the State of Florida.

<u>ARTICLE I - NAME</u>

The name of the Limited Liability Company is: FAS, LLC

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Limited Liability Company is 6 Lakeside Place, West, Palm Coast, FL 32137.

ARTICLE III - REGISTERED AGENT AND OFFICE

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

Francis Anthony Severino, Sr.

Address: 6 Lakeside Place, West, Palm Coast, FL 32137

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 of registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues 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.

Francis Anthony Severino, Sr. Registered Agent and Managing Member

IN WITNESS WHEREOF, the undersigned authorized representative of a member of FAS, LLC does hereby execute and acknowledge these Articles this _____ day of September, 2005.

Francis Anthony Severino, Sr. Managing Member

In accordance with Section 608.403(3), Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Francis Anthony Severino, Sr.

Managing Member