

L05000120794

FROM: DAVID C. HASTINGS, CPA, PA
 Division of Corporations

FAX NO.: 7273220520

Dec. 19 2005 12:22PM P1/3

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Page 1 of 1

Florida Department of State
 Division of Corporations
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 Account Number : I20000000168
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RECEIVED
 05 DEC 19 PM 12:31
 DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

2935 57TH SOUTH, LLC

RECEIVED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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12/19/05

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2935 57TH SOUTH, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4691 SKIMMER WAY S
ST PETERSBURG, FL 33711

4691 SKIMMER WAY S
ST PETERSBURG, FL 33711

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DAVID C HASTINGS, CPA

Name

2207 54TH ST S

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

GULFPORT, FL 33707

FL

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

H050002878683

HO 1000287868 3

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:

MGRM

ANTHONY W STROUD

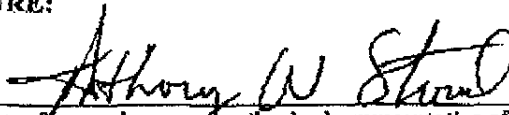
4891 SKIMMER WAY S

ST PETERSBURG, FL 33711

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: DECEMBER 15, 2005 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

ANTHONY W STROUD

Typed or printed name of signer

12/19/05 19 A 9:51
FILED

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)

HO 1000287868 3