

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.

(((H05000289071 3)))

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

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

**Com:

*

LIMITED LIABILITY COMPANY

MORRISON AVENUE, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

12-14-05

Placisopic Fling Meau

Composate Filing

Public Access Help

Hospesson



ARTICLES OF ORGANIZATION FOR MORRISON AVENUE, L.L.C.

ARTICLE I

The name of the Limited Liability Company is MORRISON AVENUE, L.L.C.

ARTICLET

Address

The mailing address and street address of the principal office of the Limited Liability Company is: 2717 West Jetton Avenue, Tampa, FL 33629.

ARTICLE III Deration

This period of duration for the Limited Liability Company shall be: PERPETUAL.

ARTICLE IV

This Limited Liability Company is organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under the Plorida Limited Liability Company Act.

ARTICLE V Repidered Agen

The street address of the initial registered office of the Limited Liability Company shall be LISA L GLASSMAN, P.A., 2627 NE 2037 Street, Suite 106, Aventure, FI 33180 and the name of the initial registered agent of the Limited Liability Company at that address is Lian I.

Glassman, Esq.

12-14-05

460000989011

2005 DEC 20 AM 9: Or

article vi

Management

The Limited Liability Company is to be managed by two (2) managers and the names and the addresses of the managers are:

Scott C. Peper 2717 West Jetton Avenue Tampa, FL 33629

Kevin Baker 4319 West Jetton Avenue Tampa, FL 33629

ARTICLE VII

Pursuant to Florida Statute Section 608.409, the Limited Liability Company's existence shall be effective as of December 14, 2005, which is within five (5) business days prior to the date these Articles of Organization are filed with the Department of State.

Scott C. Peper

Hospassaga

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507,
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY
SUBMITS THE POLLOWING STATEMENT TO BE DESIGNATED A REGISTERED
OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is MORRISON AVENUE, L.L.C.
- 2. The name and the Florida street address of the registered agent and office are:

Lisa I. Glassman, Eug. LISA I. GLASSMAN, P.A., 2627 NE 203rd Succet, Suite 100, Aventura, Fl 33180

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 cartificate. 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.

Lisa il Giassman, Esq.

2005 DEC 20 AM 9: 00

10000000H