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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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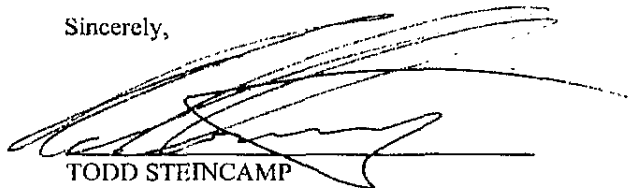
Date 2-4-06

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SUBJECT
SPANWAY LLC

I have enclosed the original and one copy of the Articles of Organization. You will find my check for \$155.00 to cover the cost of the filing fees, Certified Copy of the Articles of Organization, and Fee for Registered Agent Designation for the above named LLC.

Sincerely,



TODD STEINCAMP

Please send the Articles of Organization to the following address:
TODD STEINCAMP
PO BOX 112272
NAPLES, FL. 34108

2006 FEB 10 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company is:
SPANWAY LLC

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
P.O. BOX 112272
NAPLES, FL. 34108

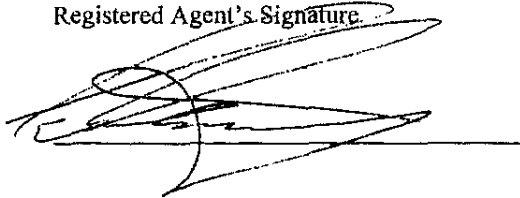
ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

TODD STEINCAMP
1000 WIGGIN PASS RD
NAPLES, FL. 34110

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



ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S)

<u>Title</u>	<u>Name and Address</u>
MGMR	TODD STEINCAMP 1000 WIGGIN PASS RD. NAPLES, FL. 34110

ARTICLE V – MANAGEMENT (CHECK IF APPLICABLE)

☒ Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

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TALLAHASSEE, FLORIDA

2-10-06

ARTICLE VI - EFFECTIVE DATE

The effective date is:

WHEN FILED

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.)

Typed or printed name of signee:

TODD STEINCAMP

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$25.00 Designation of Registered Agent

\$30.00 Certified Copy

\$5.00 Certificate of Status

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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