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To:

Division of Corporations

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From:

: SHUMAKER, LOOP & KENDRICK LLP Account Name

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

## ELORIDA/FOREIGN LIMITED LIABILITY CO.

## Warecraft, LLC

Certificate of Status	0_
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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5/22/2006

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Warecraft, LLC			
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address:			
The mailing address and street address of the pr	incipal office of the Limited Liability Compo	any is:	
Principal Office Address:	Mailing Address:		
i imeipai Onice Audrem.	Maning Address.		
1713 S. Lois Avenue, Suite 100	Same		_
Tampa, FL 33629	4	2006 MAY	₹.,,
		<b>*</b>	ल्लु
		5	. 32
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:	$\sim$	CORP. TAP Y OF
(The Limited Liability Company cannot serve as its own Rogist	ared Agent. You must designate an individual or another	~	· · ·
business entity with an active Florida registration.)		2>=	ವ್ಯ
The name and the Florida street address of the registered agent are:		AM II:	12
		••	<u> </u>
Samuel R. Linsky, Esq.		<u>~</u>	ન- ⊃
Name			,,
404 E. Kannash Ohid	Cuita 2000		
101 E. Kennedy Blvd.,			
rionga stren add	hess (P.O. Box <u>NOT</u> acceptable)		
Tampa,	FL 33602		
City, State, a	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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" - Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Anthony Trey Traviesa 1713 S. Lois Avenue, Suite 100 Tampa, FL 33629	
(Use attachment if necessary)		,
ARTICLE V: Effective date, if other than the of (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIO specific and cannot be more than five business of	NAL) days prior
REQUIRED SIGNATURE:  Signature of a member	or an authorized representative of a member.	
	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penaltics of periory	·

Samuel R. Linsky

Typed or printed name of signee

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)

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