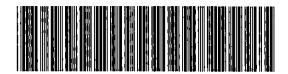
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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Address Address City/State/Zip Phone # CORPORATION NAME(S) & DOCUM 1. Hewatt Famu (Corporation Name) 2. Corporation Name) 3. (Corporation Name) 4. (Corporation Name) Walk in Pick up time	Office Use Only
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam		
The name of the Lin	nited Liability Company is:	
	anagement Company, LL	
(Must end with the words	"Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Add The mailing address		ncipal office of the Limited Liability Company is:
Principal Office Ac	ddress:	Mailing Address:
2545 South Atlantic I	Boulevard	2545 South Atlantic Boulevard Unit 1801
Daytona Beach Sho	ores, Florida 32118	Daytona Beach Shores, Florida 32118
(The Limited Liability Corbusiness entity with an ac	mpany cannot serve as its own Register	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another gistered agent are: 6. Biscayne Blvd., Ste. 1600 ress (P.O. Box NOT acceptable)
	Louis Nostro	S 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
-	Name	S. Biscayne Blvd., Ste. 1600 ess (P.O. Box NOT acceptable)
;	Shutts & Bowen LLP, 201 S	6. Biscayne Blvd., Ste. 1600
-	Florida street addre	ess (P.O. Box NOT acceptable)
<u> </u>	Miami	FL 33131
	City, State, an	d Zip
liability compan	y at the place designated in th	ecept service of process for the above stated limited is certificate, I hereby accept the appointment as

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	Marvin K. Hewatt 2545 South Atlantic Boulevard, Unit 1801 Daytona Beach Shores, Florida 32118
·	•
	
	e date of filing: (OPTIONAL) be specific and cannot be more than five business days
00 days after the date of filing.)	
REQUIRED SIGNATURE:	
Signature of a member	er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
Marvin K. Hewatt	

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)

Typed or printed name of signee