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DIVISION OF CORPORATIONS

07 APR 13 PM 12: 25

COVER LETTER

TO: Registration of Division of	on Section of Corporations			
SUBJECT:	PLATINUM (Name of Limit	*** **/ * * * *		
	(Name of Limit	ed Liability Company)	· · · · · · · · · · · · · · · · · · ·	
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.	4. N.	
Please return all co	rrespondence concerning this matt	ter to the following:		
	TINA	FUSC 0 (Name of Person)		
		V.UM_ (Firm/Company)		<u>.</u> 2
	10610 NAVIS	ROAD (Address)		CHAISION OF CORPORATIONS DAY NOR 13 PH 12: 25
				3 PH
	TAMPA, FL 3	3637 y/State and Zip Code)		- P. 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2:
For further informa	tion concerning this matter, please	e call:		U , 0,
TINA ()	FUSCO Name of Person)	at (Area Code & Daytime T	- 54 70 elephone Number)	
Enclosed is a chec	ck for the following amount:		,	
□ \$125.00 Filing I	Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed	
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporation	_	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PLATTN UM L.L.C. (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 th	e principal office of the Limited Liability Co	mpany is:		
Principal Office Address:	Mailing Address:			
10610 DAVIS ROAD TAMPA, FL 33637	10610 DAVIS ROAD TAMPA, FL 33637	<u>-</u> -		
	ered Office, & Registered Agent's Signatur Registered Agent. You must designate an individual or anoth			
The name and the Florida street address of t	he registered agent are:	7 AF		
Tina to	- 1500	SION OF CO		
Na	ame	U 1"		
	t address (P.O. Box NOT acceptable) A FL 33637 ate, and Zip	OF STATE ONS RPORNTIONS PH 12: 25		

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>le:</u> GR" = Manager GRM" = Managing Member	Name and Address:
	n6R	Tina fusco 10610 Davis Road Tampa fi 33637
<u>.†</u> 	MGRM	CATI /inde/1 4830 W Kennedy Blud Sult 250 Tempa fr 33609
		O7 APR 1
(Us	se attachment if necessary)	P) RED
(If an effect	V: Effective date, if other than the date tive date is listed, the date must be sp ys after the date of filing.)	e of filing: (OPTIONAL)
<u>RE</u>	QUIRED SIGNATURE:	
	Signature of a member or	an authorized representative of a member.
	(In accordance with section of this document constitute that the facts stated herei	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)

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)