

L07000044451

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

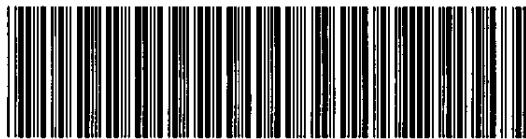
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RECEIVED
DEPARTMENT OF STATE
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07 APR 26 PM 3:04
2007 APR 26 AM 11:43
TALLAHASSEE, FLORIDA
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EFFICIENCY OF FILING

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
07 APR 26 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 04/25/07

REF. #: 001641.67475

CORP. NAME: OSPREY PROPERTY MANAGEMENT, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 521069 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR OSPREY PROPERTY MANAGEMENT, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the limited liability company is **OSPREY PROPERTY MANAGEMENT, LLC**.

ARTICLE II - ADDRESS

The mailing address of the company is 46 N. Washington Boulevard, Suite 1, Sarasota, FL, 34236, and the street address of the principal office of the company is 46 N. Washington Boulevard, Suite 1, Sarasota, FL, 34236.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE**

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

LPS CORPORATE SERVICES, INC.
46 N. Washington Blvd., #1
Sarasota FL 34236

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.

LPS CORPORATE SERVICES, INC.,
a Florida corporation

By: _____

JOHN PATTERSON
Its President

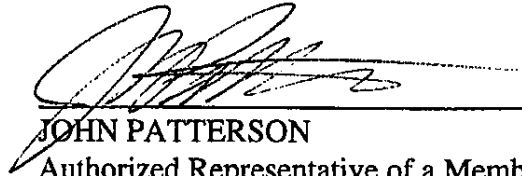
ARTICLE IV - DURATION

The limited liability company shall have a perpetual existence.

ARTICLE V - MANAGEMENT

The limited liability company is to be managed by its member or members and is, therefore, a member-managed company. The name and address of the initial managing members are Jane Miller, 46 N. Washington Boulevard, Suite 1, Sarasota, FL, 34236 and Leonore Patterson, 46 N. Washington Boulevard, Suite 1, Sarasota, FL, 34236.

Dated: April 25, 2007


JOHN PATTERSON
Authorized Representative of a Member