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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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FLORIDA/FOREIGN LIMITED LIABILITY CO

wareco-pasco ii, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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May 17, 2007

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EMPIRE

SUBJECT: WARECO-PASCO II, LLC  
REF: W07000023632

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name of Limited Liability Company:**

Wareco-Pasco II, LLC

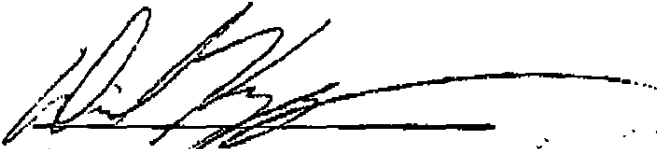
**ARTICLE II - Mailing Address & Street Address of Limited Liability Company:**

2970 Luckie Road Weston, FL 33331

**ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:**

David Kraizgrun 2970 LUCKIE ROAD WESTON, FL 33331

*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

Date May 16, 2007

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).


**MANAGERS**

David Kraizgrun 2970 Luckie Road Weston, FL 33331

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

David Kraizgrun



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