

LO7000053594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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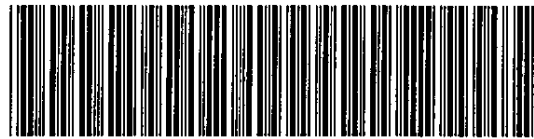
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NRC

**HOLCOMB & MAYTS, P.L.**

Attorneys And Counselors at Law  
201 N. ARMENIA AVE.  
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VICTOR W. HOLCOMB  
ANDREW J. MAYTS, JR.  
BRIAN A. LEUNG

May 15, 2007

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: Seventh Avenue Partners, LLC


To Whom It May Concern:

Enclosed herewith please find the original Articles of Organization of Seventh Avenue Partners, LLC. Please appropriately file and record the original Articles. Also enclosed is our firm check in the amount of \$155.00, which represents the filing fee and certified copy fee. Once the document is filed, please return the certified copy to our office.

Should you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

HOLCOMB & MAYTS, P.L.

  
Nicole Lodato, Secretary to  
Victor W. Holcomb

/nml  
Enclosures

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

**ARTICLE I  
NAME**

The name of the Limited Liability Company is SEVENTH AVENUE DEVELOPMENT, LLC.

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 4010 State Street, Tampa, Florida 33609.

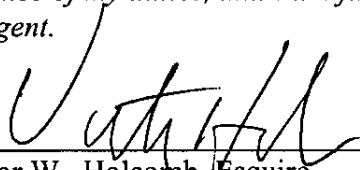
**ARTICLE III  
EFFECTIVE DATE**

The Limited Liability Company shall be effective upon filing.

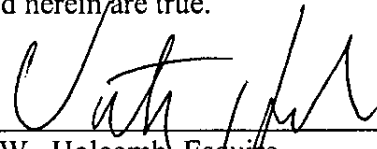
**ARTICLE IV  
REGISTERED AGENT, REGISTERED OFFICE,  
AND RESIDENT AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are Victor W. Holcomb, Esquire, 201 N. Armenia Avenue, Tampa, Florida, 33609.

*Having been named as registered agent and to accept service of process for the above-named 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 provision 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.*

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire

**IN WITNESS WHEREOF**, the undersigned representative hereby acknowledges that, in accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA