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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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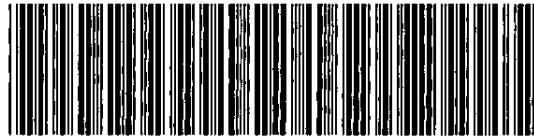
Special Instructions to Filing Officer:

**L. SELLERS**

FEB 27 2008

**EXAMINER**

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TALLAHASSEE, FLORIDA

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**JAMES D. LAMPATHAKIS, P.A.**

ATTORNEY AT LAW

1299 MAIN STREET

SUITE E

DUNEDIN, FLORIDA 34698

JAMES D. LAMPATHAKIS

(727) 736-2000



February 21, 2008

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

RE: Dunedin Advantage, LLC  
Articles of Organization

Dear Department of State:

Enclosed herewith are the proposed Articles of Organization relative to the above, together with a check in the amount of \$125.00 for the following fees:

Filing Fee	\$100.00
Registered Agent Fee	<u>\$ 25.00</u>
TOTAL	\$125.00

Please file the articles, and return the stamped copy to me at your earliest convenience.

Thank you for your cooperation in this matter. If you should have any questions, please do not hesitate to contact me.

Sincerely,

JAMES D. LAMPATHAKIS, P.A.

*Kathie B. Baird for*  
James D. Lampathakis, Esq.

JDL/ktb  
Enclosures

**ARTICLES OF ORGANIZATION**  
**OF**  
**DUNEDIN ADVANTAGE, LLC**

**ARTICLE I**  
**NAME, PRINCIPAL ADDRESS, AND MAILING ADDRESS**

The name of this limited liability company is Dunedin Advantage, LLC and the initial principal address and mailing address of the limited liability company is 1299 Main Street, Suite D, Dunedin, FL 34698.

**ARTICLE II**  
**NATURE OF BUSINESS AND POWERS**

The general nature of the business transacted by this limited liability company is to engage in any and all business permitted under the laws of the State of Florida. The limited liability company shall have and may exercise all powers and rights which a limited liability company may exercise pursuant to Chapter 608, Fla. Stat., as amended from time to time.

**ARTICLE III**  
**TERM OF EXISTENCE**

This limited liability company's existence shall commence upon filing of these articles and shall continue until dissolved or until the occurrence of any one of the following events: the death, retirement, resignation, expulsion, bankruptcy, or dissolution of any member of the limited liability company or upon the occurrence of any other event which terminates the continued membership of a member in the Company, unless the existence and business of the limited liability company is continued by consent of all remaining members.

**ARTICLE IV**  
**REGISTERED AGENT, INITIAL REGISTERED OFFICE**

The name of the registered agent of the limited liability company is James D. Lampathakis. The address of the initial registered office is 1299 Main Street, Suite E, Dunedin, FL 34698.

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 accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of

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TALLAHASSEE, FLORIDA

all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

JDR  
James D. Lampathakis

The members from time to time may move the registered office and/or the principal office to any other address in the State of Florida.

ARTICLE V  
MANAGEMENT

The management of the limited liability company shall be reserved to the members. The members shall have the power and authority to act on behalf of the limited liability company as provided in Chapter 608, Fla. Stat, as amended from time to time, and as provided in the Regulations of the Company.

Under penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

IN WITNESS WHEREOF, the undersigned has executed this certificate on February 20th, 2008.

Witnesses:

Kathie Barnard  
Effie Lampathakis

JDR  
James D. Lampathakis

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me on February 20, 2008, by James D. Lampathakis, who is personally known to me or who produced \_\_\_\_\_ as identification and did take an oath.



KATHIE T. BARNARD  
MY COMMISSION # DD 549197  
EXPIRES: May 20, 2010  
Bonded Thru Budget Notary Services

Kathie Barnard  
Notary Public

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TALLAHASSEE, FLORIDA

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