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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
L. SELLERS					
MAY 3 o 2008					
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CRETARY OF STA _AHASSEE. FLOR

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COVER LETTER

Division of Corporations	
SUBJECT: Daniel Frank Sedwick LLC. (Name of Limited Liability Company)	_
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Daniel Frank Sedwick	
Daniel Frank Sedwick, LLC.	
P. O. BOX 1944 (Address)	
Winter Park, FL 32789 (City/State and Zip Code)	<u>-</u>
For further information concerning this matter, please call:	
Dan Sedwick at (407) 975-3325 (Area Code & Daytime Telephone Number)	_
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \text{Certified Copy (additional copy is enclosed)} \$160.00 Filing 1 Certificate of Status \$160.00 Filing 1 Certified Copy (additional copy is enclosed)	atus &
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Daniel Frank Sedwick, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Timeipai Office Audiess.	Manning Additess:					
2180 N. Pock Avenue Suite 200	P.O. Box 1964 Winter Park, FL 32789					
IAL OF ACT POCK EL 32704						

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Daniel F. Sedwick

Name

2180 N. Pork Ave, Ste. 200

Florida street address (P.O. Box NOT acceptable)

Winter Park FL 32789

City, State, and Zip

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

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SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:**

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

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)

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