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EXAMINITE



## FLORIDA FILING & SEARCH SERVICES, INC.

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PHONE: (800) 435-93/1; FAX: (800) 800-8395

DATE:

07-17-08

NAME:

SCREAMIN' EAGLE I, LLC

TYPE OF FILING: ARTICLES OF ORGNAIZATION

COST:

\$160

RETURN: GOOD SATNDING & CERT COPY

ACCOUNT: FCA000000015

**AUTHORIZATION: ABBIE/PA** 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	
ARTICLE I - Name:	•
The name of the Limited Liability Company is:	1A1
	P. C.
Screamin' Eagle I, LLC	巨田
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	may = -
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is?
-	$\mathcal{Q}_{\mathcal{T}_{1}}$ $\mathcal{Q}_{0}$
Principal Office Address:	Mailing Address:
4250 Byrd Drive	4250 Byrd Drive
Loveland, Colorado	Loveland, Colorado 80538
	000 000 11 11 11 11 11
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered)	Office, & Registered Agent's Signature:
business entity with an active Florida registration.)	act Agent for units designate an individual of shomet
The name and the Florida street address of the re	gistered agent are:
Capitol Corporate Se	rvices inc
Name	, <del>1,000, 1110</del> .
2100110	
155 Office Plaza Driv	e, Suite A
Florida street addı	ess (P.O. Box NOT acceptable)
Tallahassee	32201
City, State, ar	nd Zin
· · · · · · · · · · · · · · · · · · ·	∞ vrh
	·

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.

Dayle Windle aset sec Registered Agent's Signature (REQUIRED)

> (CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:	
"MGR" = Man		
"MGRM" = M	anaging Member	
MGR	Mike Rafizedeh	
	2882 44th Avenue West	
	Seattle, Washington 98199	
MOR	Lee Paim	
	7015 Royal Country Down Drive	
	Windsur, Colorado 80650	
MGR	Todd Erdmann	
	1800 Westview Road	
	Fort Collina, Colorado 80524	
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
(Use attachmen	tifmanacrows	
/ose attrounted	LIVICOSSALY)	
ARTICLE V: Rffective	e date, if other than the date of filing: (OPTIONAL)	
(If an effective date is )	isted, the date must be specific and cannot be more than five business days prio	
to or 90 days after the		
REQUIRED S	ignature:	
•	Par Qualan	
	Signature of a member or an anthorized 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.)	
	LEE A. PALM	
	Typed or printed name of signes	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)