10/08/2008 4:50:21 PM ALOF DOWERED BY ORCAFAY Division of Comporations 000000000000000000000000000000000000	OF 3
Florida Department of State Division of Corporations Public Access System	
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To: Division of Corporations Fax Number : (850)617-6383	
From: Account Name : HUBCO Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088	

FLORIDA/FOREIGN LIMITED LIABILITY CO.

08 00T - 8 PH 4: 51 RECEIVED Certificate of Status 1 J. BRYAN 0 Certified Copy Page Count 02 OCT - 9 2008 \$130.00 Estimated Charge **EXAMINER** Electronic Filing Menu Help Corporate Filing Menu

Grand Lady Services, L.L.C.

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		H08000232331
ART	ICLES OF ORGANIZATION	
	FOR	
FLORIDA	LIMITED LIABILITY COMPANY	9
ARTICLE I - Name		00 100
The name of the Limited Liability Company is:	Grand Lady Services, L.L.C.	OCT ORE F
ARTICLE II - Address		6 0000
The mailing address and street address of the pri-	ncipal office of the Limited Liability Company is:	Fr PORT
Principal Office Address:	<u>Mailing Address:</u>	8: 3
710 West Bay Street	710 West Bay Street	~ , "
Tampa, FL 33606	Tampa, FL 33606	

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

> Pete Lackman Name 710 West Bay Street (P.O. Box or Mail Drop Box NOT Acceptable) Tampa, FL 33606

(City / State / 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 - Pete Lackman

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

Name and Address:

<u>Title:</u> "MOR" = <u>Manager</u> "MORM" = <u>Managing Member</u>

MGRM

Pete Lackman - 710 West Bay Street, Tampa, FL 33606

MGRM

John Timmel - 710 West Bay Street, Tampa, FL 33606

(Use attachment if necessary)

REQUIRED SIGNATURE:

Signature of a member or 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.)

Pete Lackman

Typed or printed name of signee