L08000097649

(Red	questor's Name)	_
(Add	dress)	
	dress)	
(Aut	11033)	
(City	//State/Zip/Phone	e #)
_		
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
,	•	,
(DOC	cument Number)	
Certified Copies	. Certificates	of Status
Special Instructions to F	iling Officer	
Special instructions to r	ning Officer.	
		ľ
		Ì





500136849855

OB OCT 16 AN II: 12

OBOCT 16 PH 3: 15

B. KOHR

OCT 16 2008

EXAMINER



JR BENYICE GUMPART
ACCOUNT NO. : 072100000032
REFERENCE: 759490 7673298
AUTHORIZATION:
ACCOUNT NO. : 072100000032 REFERENCE : 759490 7673298 AUTHORIZATION : COST LIMIT : \$ 125 ORDER DATE : October 15, 2008 ORDER TIME : 10:11 AM ORDER NO. : 759490-001
ORDER DATE: October 15, 2008
ORDER TIME: 10:11 AM
ORDER NO. : 759490-001
CUSTOMER NO: 7673298
·
DOMESTIC FILING
NAME: FLORIDA1 A/S, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Harry B. Davis - EXT. 2926
EXAMINER'S INITIALS.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:			
FLORIDA1 A/S, LLC				
(Must end with the words "Limited L	iability 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:				
Principal Office Address:	Mailing Address:			
3712 SE 15TH PL	Same			
CAPE CORAL,FL,33904-7129				
business entity with an active Florida registration.) The name and the Florida street address of the Corporation Service (
1201 Hous Street	18 TE			
1201 Hays Street Florida street	address (P.O. Box NOT acceptable)			
Tallahassee	بن بن جاتا ہے۔ ایک بنا ہے۔			
City, Sta	te, and Zip			

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

BY: /s/ Harry B. Davis

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	BJORN E LUND
	3712 SE 15TH PL
	CAPE CORAL FL 33904-7129
(Use attachment if necessary)	
LE V: Effective date, if other than th	e date of filing: (OPTION.

REQUIRED SIGNATURE:

/s/ THOR SVEINSVOLL

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.)

THOR SVEINSVOLL

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)