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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

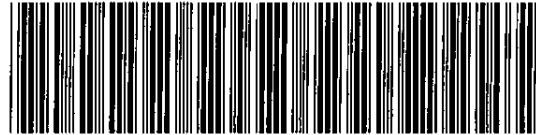
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B. KOHR
NOV 10 2008
EXAMINER

1. COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASHNOTX 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:

Gerald A Dechow

Harry Haskins Esq

3400 S. Tamiami Trail, Suite 201

Sarasota, FL 34239

For further information concerning this matter, please call:

Gerald A Dechow

941 554 2174

Gadechow43@apl.com

Enclosed is a check for the following amount:

\$.125.00 Filing Fee .

\$130.00 Filing Fee &
Certificate of Status

\$.155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$.160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATE

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STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name :

The Name of the Limited Liability Company is:

ASHNOTX LLC

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ARTICLE II: Location

The mailing address of and street address of the Limited Liability company is :

Principal Office:

3400 S. Tamiami Trail, Ste 201
Sarasota, Fl 34239

Mailing Address :

3400 S. Tamiami Trail, Ste 201
Sarasota , Fl 34239

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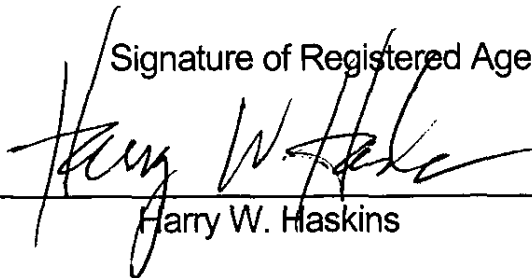
Article III : Registered Agent, Registered Office & Registered Agent Signature:

The name and the Florida Street Address of the registered agent are

Name: Harry W. Haskins
Florida Address: 3400 S. Tamiami Trail, Ste 201
City, State Zip Sarasota , Florida 34239

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 provided for in Chapter 608, F.S.

Signature of Registered Agent


Harry W. Haskins

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

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

Title:
"MGR"= Manager
"MGRM"= Managing Member

Title: Name and Address:

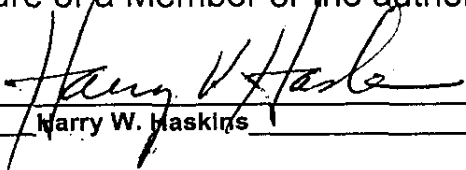
MGR

Anthony Spina
7350 S. Tamiami Trail #82
Sarasota, FL 32431-7004

ARTICLE V : The effective date shall be the date of filing.

REQUIRED SIGNATURE :

Signature of a Member or the authorized representative of a Member.



Harry W. Haskins Signature

(In accordance with section 608.408(3), Florida statutes, the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)

Harry W. Haskins =Printed name of signee