

Apr 1, 2009 2:11 PM Band Law Gro
Division of Corporations
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Florida Department of State
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Account Number : I20090000020
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

CHECKERED PAST, LLC

Certificate of Status	0
Certified Copy	1
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M. THOMAS

APR - 2 2009

EXAMINER

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**ARTICLES OF ORGANIZATION
OF
CHECKERED PAST, LLC.**

ARTICLE I - NAME

The name of the limited liability company is Checkered Past, LLC., ("company").

ARTICLE II - ADDRESS

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

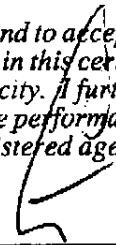
Principal Office and Mailing Address:
608 Halyard Lane
Longboat Key, Florida 34228

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Chad L. Gates, Esq.
1 S. School Ave., Suite 500
Sarasota, Florida 34237

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.



Chad L. Gates, Esq.

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

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

Name and Address:

MGMR

John Hays
608 Halyard Lane
Longboat Key, Florida 34228

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MGMR

Richard Kennedy
549 Schooner Lane
Longboat Key, Florida 34228

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be April 1, 2009.

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.)

John Hays

Typed or printed name of signee

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.)

Richard Kennedy

Typed or printed name of signee

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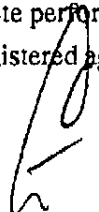
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY Checkered Past, LLC., SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is Checkered Past, LLC..
2. The name and the Florida street address of the registered agent and office are:
Chad L. Gates, Esq.

1 S. School Ave., Suite 500, Sarasota, Florida 34237 (Post office box acceptable.)

Having been named as registered agent and to accept service of process for the above state 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, Florida Statutes.



Chad L. Gates, Esq.
Registered Agent

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