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Office Use Only

EFFECTIVE DATE 6/01/09



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SECRETARY OF STATE TALLAHASSEE, FLORID,

D. BRUCE

JUN 0 8 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT:	SRA	A Equities, LLC		
		Name of Limite	d Liability Company		_
The en	closed Articles o	of Organization and fee(s) are so	ubmitted for filing.		
Please	return all corresp	pondence concerning this matte	r to the following:		
			rk S Holecek	- -	
		1	Name of Person		
			Firm/Company		
		5201 Fa	irway Oaks Drive	.	
			Address	No.	09
	v		rmere, FL 34786 State and Zip Code		الل و
		•	•	TAR	¥-5
•		E-mail address: (to be used fo	k@thepei.com future annual report notification)		
For fur	ther information	concerning this matter, please	call:	STATE FLORID	PM 1:01
		S Holecek of Person	at (407)876- Area Code & Daytime Telephon	6718 De Number	
Enclos	ed is a check for	or the following amount:			
_		\$130.00 Filing Fee & Certificate of Status	Certified Copy Contact (additional copy is enclosed)	60.00 Filing Fertificate of State Copy dditional copy is e	atus &
		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	3	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SRA	Equities, LLC	
(Must end with the words "Li	mited Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
5201 Fairway Oaks Dr	5201 Fairway Oaks Dr	
Windermere, FL 34786	Windermere, FL 34786	
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's Signature	:
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration.	egistered Office, & Registered Agent's Signature	: :
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another soft the registered agent are:	
The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another soft the registered agent are:	
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The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another s of the registered agent are: SECRETARY OF	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another s of the registered agent are: SECRETARY OF STANSIES PARTY OF STANSIES	

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 (REQUIRED)

EFFECTIVE DATE 0109

(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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Mark S Holecek 5201 Fairway Oaks Dr Windermere, FL 34786
(Use attachment if necessary)	
	the date of filing: 6/1/09. (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Marh & Heur HER W TI
Signature of a me (In accordance wit of this document of the facts state)	mber or an authorized representative of a member. SARY of the section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury of the derein are true.)
Filing Fees:	Mark S Holecek Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)