## **Electronic Filing Cover Sheet**

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OCT 28 2009

From:

Account Name

: TRENAM, KEMKER, SCHARF, BARKIN, FRYE

Account Number : 076424003301 : (813)223-7474 Phone

Fax Number : (813)227-0435

66-12-18/159

## ORIDA/FOREIGN LIMITED LIABILITY CO.

## Haines Road Holdings, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

(((H09000229230 3)))

ARTICLES OF O	RGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Nan The name of the Lin	ne: mited Liability Company i	3 <b>:</b>
(Mu	Haines Road Host end with the words "Limited Lieb	oldings, LLC bility Company," "LL.C.," or "LLC.")
ARTICLE II - Ad The mailing addres		principal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
1700 Fourth Stre St. Petersburg, F		1700 Fourth Street South St. Petersburg, Fl. 33701
(The Limited Liability Co	egistered Agent, Register papany cannot serve as its own Register active Plorida registration.)	ed Office, & Registered Agent's Signature: gislered Agent. You must designate an individuel or mather
The name and the l	Florida street address of the	c registered agent are:
	TK REGISTERE	ED AGENT, INC.
	Nan	ne
	101 E. Kennedy	Bívd., suite 2700
Florida street address (P.O. Box NOT acceptable)		
	TAMPA	rg_ 33602
	City, State	, and Zip
liability compa registered agent a statutes relating	ny at the place designated L nd agree to act in this capac to the proper and complete	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and spirotest described for in Chapter 608, E.S.

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRUD)

(CONTINUED)

OP OCT 27 AM 8: OF STATE TALLAHASSEE FLOREDA (H090002

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  MGRM  Michael Mastry  1700 Fourth Sitreat South St. Patersburg, Fl. 33701  TICLE V: Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be more than five business of a 190 days after the date of filing.  REQUIRED SIGNATURE:  Signature of a paragraph of this document continues an affirmation under the penalties of perjury that the facts stated herein are runs)  R. Donald Mastry, Esq.  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)			(((H090002292
Title:  "MGR" = Manager  "MGRM" = Managing Member  MGRM  Michael Mastry  1700 Fourth Street South St. Petershung, Fl. 33701  (Use attachment if necessary)  (TICLE V: Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be more than five business of an 90 days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with rection 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)  R. Donald Mastry, Esq.  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent			(((11070002232
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"MGRM" = Managing Member  MGRM  Michael Mastry  1700 Fourth Street South Si. Petersburg, Fl. 33701  (Use attachment if necessary)  (TICLE V: Effective date, if other than the date of filing:		ARTICLE IV- Manager(s) or Man The name and address of each Mana	aging Member(s): ger or Managing Member is as follows:
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Page 2 of 2

SECRETARY OF STAND
TALLAHASSEE FLORID

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