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COVER LETTER

ų	TO: Registration Section Division of Corporations	
	SUBJECT: ASP A Investors, 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:	
	Timothy R Barnes	_
	Name of Person	
	Senior Management Advisors, Inc	_
	Firm Company	
	13770 58th Street North, Suite 312	
	Address	_
•	Clearwater, FL 33760	
	City/State and Zip Code	_
•	tbarnes@SMAservices.net E-mail address: (to be used for future annual report notification)	_
	For further information concerning this matter, please call:	
	Timothy R Barnes at (727) 726-3980 ext 323	
	Name of Person Area Code & Daytime Telephone Number	
	Enclosed is a check for the following amount:	
]\$	25.00 Filing Fee \$\Bigsim \mathbb{\text{\$\substack}}\text{\$\su	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability C	ompany is:
ASP A Investors, LLC	
(Must end with the words)	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13770 58th Street North	
Suite 312	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Clearwater, FL 33760

Steven A Piaz	za
	Name
13770 58th	Street North, Suite 312
Flori	da street address (P.O. Box NOT acceptable)
Clearwater	_{FL} 33760
	City, State, and Zip



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)

(CONTINUED)

Page 1 of 2

FILED

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

The name and address of each Manager or Managing Member is as follows: 2010 OCT 22 AM 9: 46

MGRM	Steven A Piazza	
	13770 58th Street North, Suite 3 Clearwater, FL 33760	12
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Use attachment if necessary)		

Signature of a member or an authorize 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Steven A Piazza

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)