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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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ARTICLES OF ORGANIZATION
OF
100 WAVERLY WAY #310, CW, LLC

ARTICLE I – NAME

The name of the limited liability company is,
100 WAVERLY WAY #310, CW, LLC ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
1503 Tallahassee Drive
Tarpon Springs, Florida 34689

Mailing Address:
P.O. Box 2267
Tarpon Springs, Florida 34688

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

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

Anthony C. Settens
1503 Tallahassee Drive
Tarpon Springs, Florida 34689

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 605, F.S.

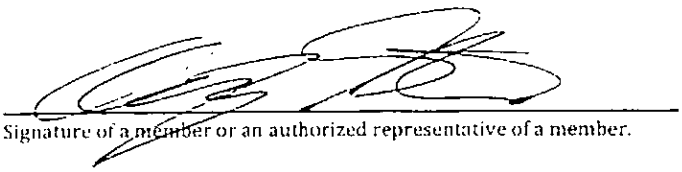
Anthony C. Settens

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"MGR" = Manager "AMBR" = Authorized Member	
MGR	Anthony C. Settens 1503 Tallahassee Drive Tarpon Springs, Florida 34689
MGR	Angela M. Settens 1503 Tallahassee Drive Tarpon Springs, Florida 34689

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

Anthony C. Settens

Typed or printed name of signee