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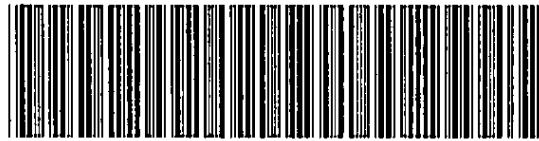
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**TO:** Registration Section  
Division of Corporations

**SUBJECT: 8930 W. 4<sup>th</sup> LAKEWOOD, CO, LLC**

The enclosed Articles of Organizations and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Spiro J. Verras, Esq.  
Verras Law, P.A.  
31640 US Highway 19 N, Suite 4  
Palm Harbor, Florida 34684  
E-mail address (to be used for future annual report notification): [spiro@verras-law.com](mailto:spiro@verras-law.com)

For further information concerning this matter, please call:

Spiro J. Verras, Esq. at (727) 493-2900

Enclosed is a check for the following amount: \$125.00 Filing Fee

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION  
OF  
8930 W. 4<sup>th</sup> LAKEWOOD, CO, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is,  
**8930 W. 4<sup>th</sup> LAKEWOOD, CO, 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

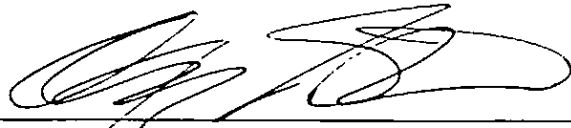
Mailing Address:  
P.O. Box 2267  
Tarpon Springs, Florida 34688

**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:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

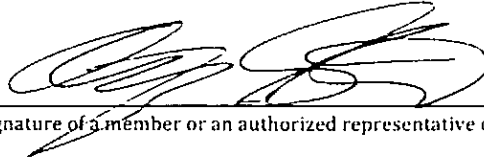
MGR

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