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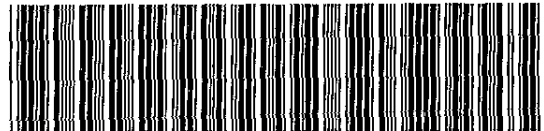
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DIVISION OF CORPORATIONS  
STATE



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TALLAHASSEE, FLORIDA

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Charles D. Jenkins & Patricia  
A Jenkins LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
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Signature \_\_\_\_\_

Requested by: SW 4/7  
Name Date Time

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I: Name:

The name of the Limited Liability Company is: CHARLES D. JENKINS & PATRICIA A. JENKINS LLC.

ARTICLE II: Address:

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

1605 Main Street, Suite 912  
Sarasota, Florida 34236

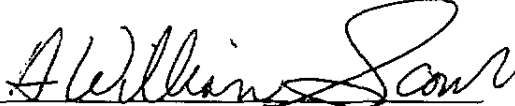
ARTICLE III: Registered agent, Registered Office & Registered Agent's Signature:

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

H. William Scovill  
1605 Main Street, Suite 912  
Sarasota, Florida 34236


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TALLAHASSEE FLORIDA

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..

  
H. William Scovill

ARTICLE IV: Management (Check if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

  
CHARLES D. JENKINS

  
PATRICIA A. JENKINS

(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.)

STATE OF FLORIDA  
COUNTY OF SARASOTA

On this 3<sup>rd</sup> day of April, 2003, before me, a Notary Public, personally appeared CHARLES D. JENKINS & PATRICIA A. JENKINS who executed the above Articles of Organization, and acknowledged the same to be their free act and deed. Charles D. Jenkins and Patricia A. Jenkins are personally known to me or have produced proper identification.  
Personally known \_\_\_\_\_ or Produced ID \_\_\_\_\_.

My commission expires:

Marcia B. Owens  
Marcia B. Owens, Notary Public



Supervisor of Elections  
TALLAHASSEE, FLORIDA

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