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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MJW OF CRYSTAL RIVER, 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:	
MICHAEL, J WHITE (Name of Person)	
(Firm/Company)	
6486 W SEVEN RIVER DRIVE	
(Address)	SECRET VISIONET OI, MAR
CRYSTAL RIVER, FL 34429	
(City/State and Zip Code)  For further information concerning this matter, please call:	FILED ARY OF STA CERRA
MICHAEL J WHITE at ( 352 ) 795-0479	ATE ATTOMS
(Mama of Pareau) (Area Cada & Dautima Talanhana Number)	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Fiorida 32399

(Name of Person)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

(Area Code & Daytime Telephone Number)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
MJW OF CRYSTAL RIVER, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
6486 W SEVEN RIVERS DRIVE 6486 W SEVENS RIVERS DRIVE
CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34429
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:
MICHAEL J WHITE  Name
6486 W SEVEN RIVERS DRIVE Florida street address (P.O. Box NOT acceptable)
CRYSTAL RIVER FLORIDA 34429  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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	MICHAEL J WHITE -
	6486 W SEVEN RIVERS DRIVE
	CRYSTAL RIVER, FL 34429
(Use attachment if necessary)	
(SSC attachment in the costally)	
NOTE: An additional article mus	t be added if an effective date is requested.
DECLINED CLONIATURE	
REQUIRED SIGNATURE:	
maker	l li lista
Signature of a member or	an authorized representative of a member.
- (I_ accordance with goation	n 608.408(3), Florida Statutes, the execution
	s an affirmation under the penalties of perjury
MICHAEL J V	HTTE
Typed	or printed name of signee

## Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)