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TALLAHASSEE, FLORIDA

LR 10/18/04

4p

LLC Filing Letter

DAVID KINNEY, LLC
25059 Lanark Road
Brooksville, Fl. 34601

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date: September 14, 2004

LLC Filings Office:

I enclose an original and 1 copies of the proposed Articles of Organization of DAVID KINNEY, LLC, a proposed domestic limited liability company.

Please file the Articles of Organization and return a certificate of formation, file-stamped copy of the original document or other receipt, acknowledgment or proof of filing to me at the address shown below my signature.

Payment for the required fees is enclosed.

Sincerely,

Signed:



David W. Kinney
25059 Lanark Road
Brooksville, Fl. 34601
Telephone: 813-714-8101

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

Article I - Name:

The name of the Limited Liability Company is:
DAVID KINNEY, LLC

Article II - Address:

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

Principle Office Address:

DAVID KINNEY, LLC
25029 Lanark Road
Brooksville, Fl 34601

Mailing Address:

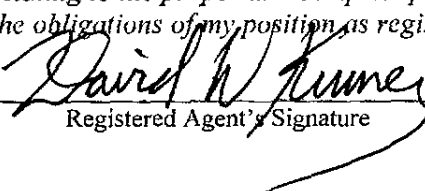
DAVID KINNEY, LLC
PO BOX 4
Polk City, Fl 33868

Article III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

David W. Kinney
25059 Lanark Road
Brooksville, Fl 34601

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 am familiar with and accept the obligations of my position as registered agent as provided for Chapter 608, F.S.



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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Article IV - Manager(s) or Managing Members(s):

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

Title:

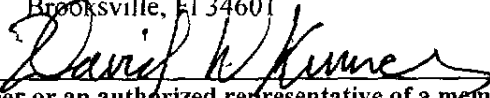
"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

David W. Kinney
25059 Lanark Road
Brooksville, FL 34601



Signature of a member or an authorized 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.)

David W. Kinney

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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