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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

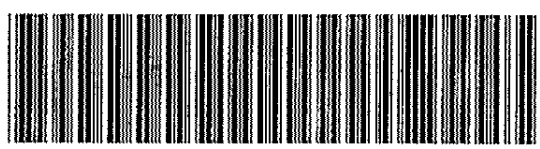
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

ML 03/15/05

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Adams Accounting & Consulting Inc.

(561) 626-9096
Fax (561) 626-9213

13100 Pine Borough Lane
Palm Beach Gardens, Florida 33418

February 23, 2005

Ms. Glenda E. Hood
Secretary of State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Hood:

Enclosed are the Articles of Incorporation for:


SOUTHERN STAR LIMITED LIABILITY COMPANY

and a check in the amount of \$125.00 to cover the cost of the various fees.

Please return the notice of filing with the assigned document number to my office at the above address.

Thank you,

Sincerely,


William A. Adams

WAA:pja

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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTHERN STAR LIMITED LIABILITY COMPANY

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

13100 Pine Borough Lane
Palm Beach Gardens, Florida 33418

Same

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

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

William A. Adams
Name

13100 Pine Borough Lane
Florida street address (P.O. Box **NOT** acceptable)

P.B.G. FL 33418
City, State, and Zip

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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..


Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

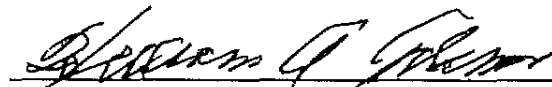
Name and Address:

MGRM	Terrance Brisson 990 Treasure Cay Fort Pierce, Florida 34947
MGRM	William A. Adams 13100 Pine Borough Lane Palm Beach Gardens, Florida 33418

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested

REQUIRED SIGNATURE:



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.)

William A. Adams

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE FLORIDA

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