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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOSELYN PROPERTIES, 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:

JOHN BLACKBURN
(Name of Person)

JOSELYN PROPERTIES, LLC
(Firm/Company)

5356 MARE CREEK DRIVE
(Address)

CRESTVIEW, FL 32539
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN BLACKBURN at (850) ~~232-6125~~ 685-1138
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
JOSELYN PROPERTIES, 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:**
5356 MARE CREEK DRIVE	5356 MARE CREEK DRIVE
CRESTVIEW, FL 32539	CRESTVIEW, FL 32539

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

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

JOHN BLACKBURN
Name

5356 MARE CREEK DRIVE
Florida street address (P.O. Box **NOT** acceptable)

CRESTVIEW FL 32439
City, State, and Zip

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TALLAHASSEE, FLORI

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	JOHN BLACKBURN 5356 MARE CREEK DRIVE ~~PENSACOLA~~, FL 32539 CRESTVIEW,
MGRM	BILLIE BLACKBURN 5356 MARE CREEK DR. CRESTVIEW, FL. 32539

(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.)

JOHN BLACKBURN
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)

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2005 MAY -2 P 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA