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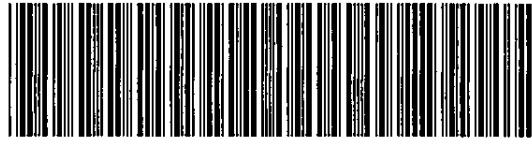
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TALLAHASSEE FLORIDA

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[Handwritten signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Liberty County LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name: John C. Wenrick
Company: John C. Wenrick, CPA PA
Address: 1976 Alternate 19 S.
Tarpon Springs, FL 34689

For further information concerning this matter, please call:

John C. Wenrick at (727) 944-5979

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2006

JOHN C. WENRICK
JOHN C. WENRICK, CPA PA
1976 ALTERNATE 19 S
TARPON SPRINGS, FL 34689

SUBJECT: LIBERTY COUNTY LLC
Ref. Number: W06000049796

We have received your document for LIBERTY COUNTY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 006A00066644

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 – NAME

The name of this limited liability company is **Liberty County LLC**

ARTICLE 11 – ADDRESS

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

716 Foxglove Place
Brandon, FL 33510

ARTICLE 111 – EFFECTIVE DATE AND DURATION

The Limited Liability Company will have an effective date of **November 15, 2006** and will exist for a perpetual period.

ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be manager/managed. The manager of the Limited Liability Company shall be as set out in the operating agreement of the Limited Liability Company with successors selected in accordance with that document. The initial members and managers are:

Cody C. Spinadel, Member Manager
142 Commercial St., Apt 504
Boston, MA 02109

Eugene Spinadel - Member
716 Foxglove PL
Brandon, FL 33510

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TALLAHASSEE FLORIDA

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ARTICLE V – ADMISSION OF ADDITIONAL MEMBERS

The right to admit additional members shall be by unanimous vote of the initial members who shall determine the term and the conditions of admission.

ARTICLE VI – MEMBERS RIGHTS TO CONTINUE BUSINESS

The remaining member or members of the Limited Liability Company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

Liberty County LLC

Eugene Z. Spinadel

Signature of Member

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE REGISTERED AGENT, IN THE STATE OF FLORIDA.

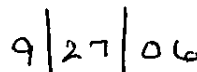
1. The name of the Limited Liability Company is: **Liberty County Corp., LLC**
2. The name and address of the registered agent and office is:

Eugene Spinadel
716 Foxglove Place
Brandon, FL 33510

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:



Signature



Date: