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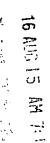
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COVER LETTER

Carlotte Carlotte

TO: Registration Section Division of Corporations
SUBJECT: Laugel Lake Holding Company, 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:
Michelle Monzhan Name of Person
Laurel Lake Holding Company, LLC Firm/Company
426 Sw Commerce Br., Suite 130
Lake City FL. 32025 City/State and Zip Code Michelka Westfield Lake City Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee Scertificate of Status Stat
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Laurel Lake Holding (Must end with the words "Limited Liability Co	Company LLC
(Must end with the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L.	
Principal Office Address:	Mailing Address:
426 SW Commerce DR.	<u>Same</u>
Suite 130	
AGUE CITY, 1-1 DACAD	W. Washington .

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hichele Monahan

Name

Yalsw Commerce Dr., Suite 130

Florida street address (P.O. Box NOT acceptable)

hale City, FL 32025

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Citle:	Name and Address:
AMBR" = Authorized Member 'MGR" = Manager	
AMBR	Scott D. Stewart
	P. O. Box 1208 Lake City, FL 32056
	Lake City, FL 33056
	44. 4-4-4-a
Use attachment if necessary)	
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ARTICLE IV-