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James A. Konides

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Department of State
Division of Limited Liability Company's
P.O. Box 6327
Tallahassee, FL. 32314

SUBJECT: LOA of Southwest Florida, L.C.

Enclosed please find an original and one (1) copy of the articles of organization for the above Limited Liability Company. A check in the amount of \$ 285.00 is included.

FROM: Jim Konides
1601 W. Marion Ave., #103
Punta Gorda, FL 33950
(941) 575-6908

99 FEB - 3 AM 9:30
DEPT OF STATE
DIVISION OF CORPORATIONS

Thank you for your assistance,



Jim Konides

Please return via enclosed overnight.

Name	
Availability	
Document Examiner	
Updater	
Checker	
Verifier	
Acknowledgement	
W. P. Verifier	



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 28, 1999

JIM KONIDES
1601 W. MARION AVE., #103
PUNTA GORDA, FL 33950

SUBJECT: LOA OF SOUTHWEST FLORIDA, L.C.
Ref. Number: W99000002280

We have received your document for LOA OF SOUTHWEST FLORIDA, L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

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) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 599A00003972

ARTICLES OF ORGANIZATION

OF

LOA of Southwest Florida, L.C.

The undersigned certify that we have associated ourselves together for the purpose of becoming a Limited Liability Company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles serve as the Charter and authority for the conduct of business of the Limited Liability Company.

ARTICLE 1 NAME

The name of the Limited Liability Company shall be:

LOA of Southwest Florida, L.C.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:

LOA of Southwest Florida, L.C.
1601 W. Marion Ave., #103
Punta Gorda, FL 33950

SECRETARY OF STATE
DIVISION OF CORPORATIONS
93 FEB -3 AM 9:30

ARTICLE III PERIOD OF DURATION

The period of duration of the Limited Liability Company shall be from date of filing until the first to occur of the following:

- a) December 31, 2040
- b) Dissolution in a manner provided by law, or as provided in the regulations adopted by the members.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Jim Konides, Esq.
1601 W. Marion Ave., #103
Punta Gorda, FL 33950

ARTICLE V PURPOSES

The purpose for which the Limited Liability Company is organized is to engage in any and all business and activities permitted by the laws of the State of Florida. The Limited Liability Company shall have all of the powers vested in a Limited Liability Company organized and existing by virtue of such laws.

ARTICLE VI CAPITAL CONTRIBUTIONS

The total amount of cash and/or a description of agreed value of property other than cash contributed to the Limited Liability Company is as follows:

David Shepard	\$ 150.00
12408 SW Sheri St.	
Arcadia, FL 34266	

Jim & Nancy Konides
1601 W. Marion Ave., #103
Punta Gorda, FL 33950

\$ 150.00

The Limited Liability Company shall have the right to accept additional capital contributions at any time at the discretion of the Members.

ARTICLE VII CLASSES OF MEMBERS

The Limited Liability Company shall have one class of members, which shall be designated as equity owners.

ARTICLE VIII MEMBERSHIP RESTRICTIONS

Members shall have the right to admit new members by unanimous consent. Contributions required of new members shall be determined as of the time of admission to the Limited Liability Company.

A member's interest in the limited liability may not be sold or otherwise transferred except with the written consent of a majority of the members.

ARTICLE IX CONTINUITY OF BUSINESS

Upon 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, the business of the Limited Liability Company shall be dissolved unless there is obtained the consent of all the remaining equity owners of the Limited Liability Company.

ARTICLE X MANAGEMENT

Management of this Limited Liability Company is reserved to its members which may delegate same to one or more managers. Members hereby designate the following person as Manager:

Sheri Muir, Manager
3526 Yukon Drive
Port Charlotte, FL 33948

ARTICLE XI REGULATIONS

Except as specifically provided in the regulations, the power to adopt, alter, amend, or repeal the regulations shall be vested in the members.

ARTICLE XII PROFITS & LOSSES

All profits and losses shall be distributed as follows:

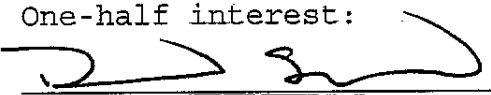
David Shepard 50%
12408 SW Sheri St.
Arcadia, FL 34266

Jim & Nancy Konides 50%
1601 W. Marion Ave., #103
Punta Gorda, FL 33950

Executed in Punta Gorda, Florida this 2nd day of February, 1999.

MEMBERS:

One-half interest:

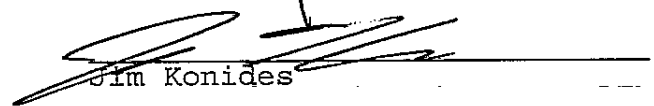


David Shepard

One-half interest as estate by entireties:



Nancy Konides



Jim Konides

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

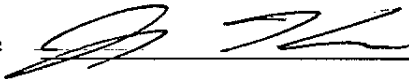
Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the Limited Liability Company is LOA of Southwest Florida, L.C.

The name and address of the registered agent is:

Jim Konides
1601 W. Marion Ave., Suite 103
Punta Gorda, FL 33950

Signature

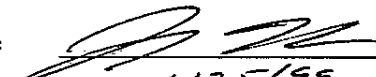


Date

1/25/99

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



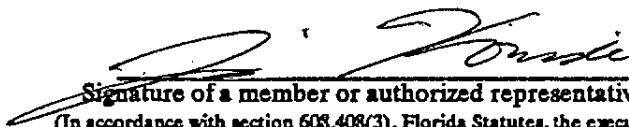
Date

1/25/99

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
JIM KONIDES deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 300.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ N/A . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 300.00 . This total includes amounts from 2 and 3 above.


Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILING FEE: \$ 250 for Articles of Organization and Affidavit