

L040000008011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

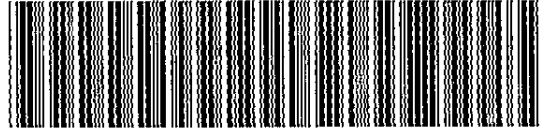
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

439 SW Log Drive LLC

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- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
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- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
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- Courier _____

Signature _____

Requested by: AW 4/29

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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NOTICE
SECRETARY OF STATE

ARTICLE I - Name:

The name of the Limited Liability Company is:

439 SW Log Drive, LLC

ARTICLE II - Address:

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

15593 63rd Place North
Loxahatchee, Florida 33470

ARTICLE III - The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

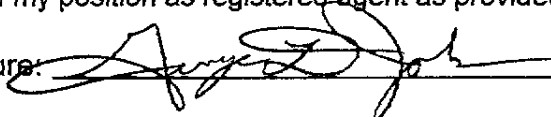
ARTICLE IV - Registered Agent, Registered Office & Registered Agent's Signature:

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

George D. Johns
15593 63rd Place North
Loxahatchee, Florida 33470

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 Signature:



ARTICLE V - The name and address of managing members/managers are:

Title: MGRM
George D. Johns
15593 63rd Place North
Loxahatchee, Florida 33470

Title: MGRM
Timothy Johns
15593 63rd Place North
Loxahatchee, Florida 33470

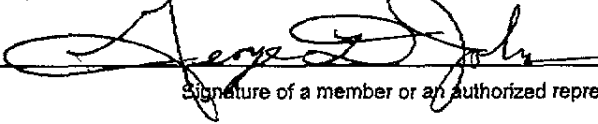
ARTICLE VI - The effective date for this Limited Liability Company shall be:

January 27, 2004

ARTICLE VII - Management (Check box if applicable):

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)



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).

GEORGE D. JOHNS

Typed or printed name of signee