

L 00000002670

*Norris & Koberlein, P.A.*

ATTORNEYS AT LAW  
ONE NATIONAL BANK BUILDING  
201 N. MARION STREET - SUITE 301  
P.O. DRAWER 2349  
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JOHN E. NORRIS  
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TEL: (904) 752-7240  
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\* CERTIFIED MEDIATOR

January 21, 2000

100003110781--5  
-01/28/00--01033--008  
\*\*\*337.50 \*\*\*155.00

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: ALLISON BROS., L.L.C.

*W-2670*

*L-1440*

Dear Sir or Madam:

Enclosed is an original and one copy of Articles of Organization of Allison Bros., L.L.C., along with a check in the amount of \$337.50 which represents \$250.00 for the filing fee, \$52.50 for the certified copy, and \$35.00 for the Registered Agent Designation.

Please file the Articles of Organization and return the certified copy of same to this office.

Thank you for your courtesy.

Sincerely yours,

*John E. Norris*  
John E. Norris

JEN:lbd

Enclosures

cc: Carl L. Allison

*WC 2/9*  
FILED  
00 FEB -9 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 31, 2000

NORRIS & KOBERLEIN, P.A.  
ATTORNEYS AT LAW  
PO DRAWER 2349  
LAKE CITY, FL 32056-2349

SUBJECT: ALLISON BROS., L.L.C.  
Ref. Number: W00000002670

**RECEIVED**  
FEB - 3 2000

JEN  
Norris & Koberlein, P.A.

We have received your document for ALLISON BROS., L.L.C. and your check(s) totaling \$337.50. 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.

Enclosed is our form for your convenience. Also enclosed is a refund application for you to sign and return, as the fees for this filing have been reduced.

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) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 200A00004499

**FILED**  
00 FEB - 9 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Norris & Koberlein, P.A.*

ATTORNEYS AT LAW  
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TEL: (904) 752-7240  
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\* CERTIFIED MEDIATOR

February 4, 2000

Florida Department of State  
Division of Corporations  
ATTN: Lee Rivers  
Document Specialist  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Allison Bros., L.L.C.  
Letter No. 200A00004499

Dear Mr. Rivers:

Enclosed are the following:

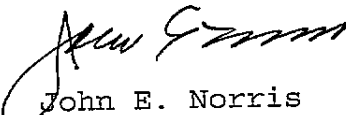
1. Your letter of January 31, 2000
2. Original revised Articles of Organization for Limited Liability Company
3. Original Application for Refund

Please file the Articles and return the certified copy and the refund check in the amount of \$182.50 to this office.

If you have any questions, please do not hesitate to contact me.

Thank you for your courtesies.

Sincerely yours,

  
John E. Norris

JEN:dac  
Enclosures

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00 FEB -9 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

ALLISON BROS., L.L.C.

**ARTICLE II-Address:**

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

State Road 242 West  
Route 11, Box 591  
Lake City, Florida 32055

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

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

John E. Norris

Name

CNB National Bank Building 201 N. Marion Street, Suite 301

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

Lake City, Florida 32056

City, State, and Zip

FILED  
00 FEB -9 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Having been named 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 Chapter 608, F.S..*


  
Registered Agent's Signature

**ARTICLE IV- 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.

**ARTICLE IV - Effective Date**

The effective date of execution is the date these Articles of Organization are filed with the Florida Department of State.

  
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.)

Carl L. Allison  
Typed or printed named of signee