

William Carl Baker 304 Quimby Avenue Verdige, Nebraska 68783 (402) 668-2888

February 3, 2000

VIA OVERNIGHT COURIER

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

600003130896--2 -02/10/00--01055--003 ****125.00 *****125.00

Re: Formation of Pine Hill, L.L.C.

Dear Sir:

Enclosed herewith, for filing with your office, you will find the following:

- 2. A check made payable to the Florida Department of State in the amount of \$125.00 which represents a filing fee of \$100.00 and a designation of registered agent fee of \$25.00.

For your records, my name, address and daytime telephone number are:

2/14

William Carl Baker 304 Quimby Avenue Verdige, Nebraska 68783 (402) 668-2888

Once the Articles of Organization have been approved, please return the same to the registered agent of the company at the following address:

Meyers, Mooney, Stanley & Hollingsworth Attn: Barbara Morton 17 South Lake Avenue Orlando, Florida 32801-2797 Florida Department of State February 3, 2000 Page 2

Thank you for your assistance in this matter. If you have any questions regarding the enclosures, please do not hesitate to call.

Very truly yours,

William Carl Baker

Enclosures: Articles of Organization

Check

SECRETARY OF STAT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited I	Liability Company is:	Pine Hill, L.L.C.
ARTICLE II - Address: The mailing address and s	treet address of the princ	cipal office of the Limited Liability Company is:
•		c/o William Baker 304 Quimby Avenue Verdige, Nebraska 68783 Office, & Registered Agent's Signature:
The name and the Florida	street address of the reg	ristered agent are:
Meyers, Mooney, Stanley & Hollingsworth		
	Name 17 South Lake Avenue	
	Florida street address (Orlando	(P.O. Box <u>NOT</u> acceptable) FL 32801-2797
	City, S	State, and Zip
liability company at the paregistered agent and agree statutes relating to the proaccept the obligations of the Article IV - Manageme	lace designated in this ce e to act in this capacity. oper and complete perfor ny position as registered Register nt (Check box if applic y Company is to be man	cept service of process for the above stated limited ertificate, I hereby accept the appointment as I further agree to comply with the provisions of all rmance of my duties, and I am familiar with and agent as provided for in Chapter 608, ES The cable.) The cable of the above stated limited limited appointment as The cable of the complex of the appointment as The cable of the appointme
	MC.	n 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.) William Carl Baker

Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)