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BRASHEAR & ASSOCIATES, P.L.
C o u n s e l o r s A t L a w

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BRUCE BRASHEAR
THOMPkins W. WHITE
AMY SINELLI

February 11, 2000

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: 1st-IMPACT, L.C.

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****155.00 ****155.00

Gentlemen:

Please find the original and one (1) copy of the Articles of Organization for the above-referenced limited liability company, as well as our check in the amount of \$155.00 representing the following:

Filing Fee	\$ 100.00
Certificate Designating Resident Agent	25.00
Certified Copy of Articles of Organization	30.00

After filing the original Articles of Organization, please certify the enclosed copy and return same to this office.

Sincerely,

BRASHEAR & ASSOCIATES, P.L.

By: _____

Carrie Fagan, Legal Assistant

Name	
Availability	
Document Examiner	
Updater	ENCLOSURES
Updater	
Verifier	
Acknowledgement	DCC
W. P. Verifier	DCC

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**ARTICLES OF ORGANIZATION
OF
1st-IMPACT, L.C.**

The undersigned members adopt the following Articles of Organization pursuant to the provisions of the Florida Limited Liability Company Act (the "Act").

**ARTICLE I
NAME OF COMPANY**

The name of the limited liability company is 1st-Impact, L.C. (the "Company").

**ARTICLE II
PERIOD OF DURATION**

The Company shall terminate on February 10, 2050.

**ARTICLE III
REGISTERED OFFICE AND AGENT**

The address of the Company's principal office and mailing address is as follows: 5200 N.W. 43rd Street, Suite 102-256, Gainesville, FL 32606. The name and address of the Company's initial registered agent in the State of Florida is as follows: Steven M. Burt, 6225 N.W. 71st Street, Gainesville, FL 32653.

**ARTICLE IV
REQUIREMENTS FOR ADMISSION OF ADDITIONAL MEMBERS**

Additional persons may be admitted to the Company as members and membership interests may be created and issued to these persons upon the unanimous approval of the members entitled to vote.

**ARTICLE V
DISSOLUTION AND RIGHT TO CONTINUE BUSINESS**

The Company shall be dissolved upon the first to occur of the following:

- (a) The expiration of the term of the Company;
- (b) The unanimous written consent of all the Company's members;
- (c) The death, retirement, resignation, expulsion, dissolution or bankruptcy of a member, or any other event which terminates the membership of a member in the Company, unless within ninety (90)

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days after such event all of the remaining members agree in writing to continue the business of the Company.

ARTICLE VI MANAGEMENT

The Company will be managed by Steven M. Burt and Susan E. Nowacki in accordance with the Company's regulations. The names and business addresses of the managers are as follows:

<u>Name</u>	<u>Address</u>
Steven M. Burt	5200 N.W. 43 rd Street, Suite 102-256 Gainesville, FL 32606
Susan E. Nowacki	5200 N.W. 43 rd Street, Suite 102-256 Gainesville, FL 32606

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ARTICLE VII PURPOSE

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

IN WITNESS WHEREOF, THE FOLLOWING MEMBER HAS EXECUTED THESE ARTICLES
OF ORGANIZATION ON THIS 11 DAY OF February, 2000.


STEVEN M. BURT

STATE OF FLORIDA
COUNTY OF ALACHUA

Before me personally appeared Steven M. Burt who is known to me to be the person who executed the foregoing Articles of Organization on behalf of 1st-Impact, L.C.

In witness whereof, I have hereunto set my hand and seal on this 11 day of Feb, 2000.


Notary Public, State at Large

Printed Name

My Commission Expires:

NOTARY PUBLIC
Carrie P. Fagan
MY COMMISSION # GC607298 EXPIRES
January 8, 2001
BONDED THRU TROY FAIN INSURANCE, INC.

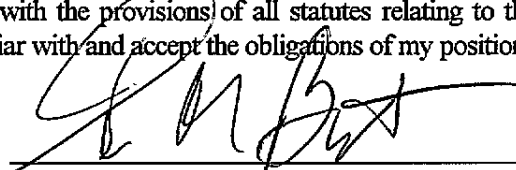
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: 1st-Impact, L.C.
2. The name and address of the registered agent and office is:

Steven M. Burt
6225 N.W. 71st Street
Gainesville, FL 32653

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.



STEVEN M. BURT, Registered Agent

Date: 2/11/00

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