HUTCHISON, MAMELE & COOVER, P.A.

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WILLIAM C. HUMHISON, M (198 M31)

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* 80ARD CERTIFIED MARITAL & FAMILY LAW

June 16, 2000

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

900003296059--4 -06/19/00--01134--005 ****125.00 ****125.00

RE: LaVie Partnership, L.L.C.

Ladies/Gentlemen:

Attached please find <u>original</u> Articles of Organization for the above referenced limited liability company, along with my trust account check in the sum of \$125,00. Please be advised that my client also owns the corporation by the name of Lavie Partnership, Inc. The enclosed letter is his authorization to allow you to file this limited liability company with a similar name. I understand there will be no conflict in filing this limited liability company with the similar name.

Should you have any questions, please call.

Very truly yours,

Stephen H. Coover

SHC/mjr Enclosures

cc: F.T. Allen

June 16, 2000

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

RE: LaVie Partnership, Inc. and LaVie Partnership, L.L.C.

Ladies/Gentlemen:

Please be advised that I am the President of LaVie Partnership, Inc.. I have also this date requested the limited liability company of LaVie Partnership, L.L.C. to be formed and authorize you to allow the filing of such with the State of Florida.

Sincerely

F.T. Allen

TALL

F.T. Allen 368 Seminole Woods Blvd. Geneva, FL 32732 407) 349-5969

ARTICLES OF ORGANIZATION OF LAVIE PARTNERSHIP, L.L.C.

ARTICLE I - NAME

The name of the limited liability company is LAVIE PARTNERSHIP, L.L.C..

ARTICLE II - ADDRESS

The mailing address and the street address of the principle office of the Limited Liability Company is 368 Seminole Woods Blvd., Geneva, Florida 32732.

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

Stephen H. Coover 230 North Park Avenue Sanford, FL 32771 00 JUN 19 PM 4: 20
SEGRETARY OF STATE
12LLAHASSEE.FLORIDA

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 property and complete performance of my duties, and I am familiar with any accept the obligations of my position as registered agent as provided for in 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.

The initial manager of the Limited Liability Company shall be F.T. Allen, whose address is 368 Seminole Woods Blvd., Geneva, FL 32732, who shall serve until the first annual meeting of members or until his successor is elected and qualified. The rights and responsibilities of the manager shall be limited as set for the Regulations.

ARTICLE V - DURATION

The duration of the Limited Liability Company shall, unless limited by the terms of any Regulations Agreement, be perpetual.

IN WITNESS WHEREOF, the undersigned, as a member, has executed the foregoing Articles of Organization on the day of June, 2000.

F.T. ALLEN, 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.)

STATE OF FLORIDA COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this <u>foregoing</u> day of June, by F.T. ALLEN, who is personally known to me and who did/did-not take an oath.

OFFICIAL NOTARY SEAL
STEPHEN H COOVER
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC796679
MY COMMISSION FYP. IAN. E 2002

NOTARY PUBLIC

Notary Public - State of Florida

My Commission Expires:

OO JUN 19 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE FI CALE