

BRASHEAR & ASSOCIATES, P.L.

C o u n s e l o r s A t L a w

L000000012721

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BRUCE BRASHEAR
AMY SINELLI

October 11, 2000

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****155.00 ****155.00

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

RE: PPI CORRECTIONS, L.C.

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:

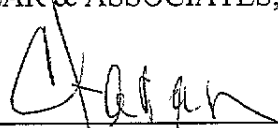
Filing Fee	\$ 100.00
Certificate Designating Resident Agent	25.00
Certified Copy of Articles of Organization	30.00

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

Enclosures

FILED
00 OCT 13 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L00-12721
Qc

**ARTICLES OF ORGANIZATION
OF
PPI CORRECTIONS, L.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 **PPI CORRECTIONS, L.L.C.** (the "Company").

**ARTICLE II
PERIOD OF DURATION**

The Company shall terminate on August 1, 2050.

**ARTICLE III
REGISTERED OFFICE AND AGENT**

The address of the Company's principal office and mailing address is as follows: 4421 N.W. 39th Avenue, Bldg. 3, Gainesville, FL 32607. The name and address of the Company's initial registered agent in the State of Florida is as follows: John V. Carlson, 4421 N.W. 39th Avenue, Bldg. 3, Gainesville, FL 32607.

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

The initial member of the Company shall be Perry-Parrish, Inc., Additional members may be admitted to the Company and membership interests may be created and issued to these members upon the approval of a majority 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) days after such event all of the remaining members agree in writing to continue the business of the Company.

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TALLAHASSEE, FLORIDA

**ARTICLE VI
MANAGEMENT**

The Company will be managed by David Helker in accordance with the Company's regulations. The name and business address of the manager is as follows:

<u>Name</u>	<u>Address</u>
David Helker	4421 N.W. 39 th Avenue, Bldg. 3 Gainesville, FL 32607

**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 10th DAY OF October, 2000.



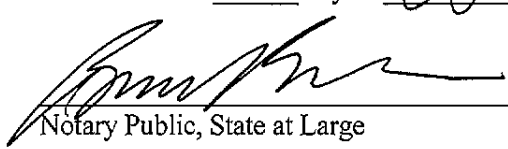
JOHN V. CARLSON

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00 OCT 13 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF ALACHUA

Before me personally appeared JOHN V. CARLSON who is known to me to be the person who executed the foregoing Articles of Organization on behalf of PPI CORRECTIONS, L.L.C.

In witness whereof, I have hereunto set my hand and seal on this 10th day of October, 2000.



Notary Public, State at Large



Bruce Brashear
MY COMMISSION # CC721561 EXPIRES
March 4, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

Printed Name
My Commission Expires:

**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: PPI CORRECTIONS, L.L.C.
2. The name and address of the registered agent and office is:

John V. Carlson
4421 N.W. 39th Avenue, Bldg. 3
Gainesville, FL 32607

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.



JOHN V. CARLSON, Registered Agent

Date: 10/10/00

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00 OCT 13 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA