

L0000014180

LAW OFFICE
OUGHTERSON, SUNDHEIM, & WOODS, P.A.
110 S. OCEAN BOULEVARD
STUART, FLORIDA 34994-2007

WM. A. OUGHTERSON
FREDERICK G. SUNDHEIM, JR.
WALTER G. WOODS*

* BOARD CERTIFIED REAL ESTATE LAWYER

SANDRA L. SUNDHEIM - STRAUSBAUGH

PHONE (561) 287-0660
FAX (561) 287-0422
E-MAIL oswpa@bellsouth.net

November 6, 2000

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

200003459052--9
-11/09/00--01030--007
****125.00 ****125.00

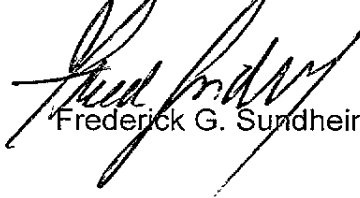
Dear Sirs:

Enclosed are the Articles of Organization for Fenton, Lang, Bruner & Associates Residential Services, L.L.C. and our office check for \$125.00 for filing the Articles and resident agent.

Once the Articles have been filed, please return a copy of my office.

Thank you very much.

Sincerely yours,



Frederick G. Sundheim Jr.

FILED
NOV -9 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FGS/sn
F-833

cc: Mr. Mansfred Williams Jr.

L00-14180
AC

ARTICLES OF ORGANIZATION
FOR
FENTON, LANG, BRUNER & ASSOCIATES RESIDENTIAL SERVICES, L.L.C.

Article I
Name

The name of the Limited Liability Company is FENTON, LANG, BRUNER & ASSOCIATES RESIDENTIAL SERVICES, L.L.C.

Article II
Address

The mailing address and street address of the principal office of the Limited Liability Company is 2 South Beach Road, PO Box 67, Hobe Sound, Florida 33475-7067.

Article III
Duration

The period of duration for the Limited Liability Company shall commence upon the date of execution hereof. The Limited Liability Company shall exist for thirty (30) years from such date unless sooner terminated.

Article IV
Management

The Limited Liability Company is to be managed by the members and the name and address of the managing members are:

John Blades
402 Seabreeze Avenue
Palm Beach, FL 33480

James Bruner
2 South Beach Rd.
Hobe Sound, FL 33455

Mansfield Williams Jr.
118 Gomez Rd.
Hobe Sound, FL 33455

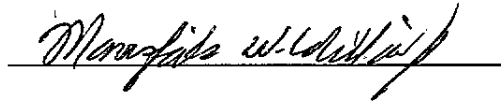
FILED
09 NOV -9 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V
Registered Agent, Registered Office, and Registered Agent's Signature

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

MANSFIELD WILLIAM JR.
2 South Beach Rd.
PO Box 67
Hobe Sound, Florida 33475-7067

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 as registered agent as provided for in Chapter 608, F.S.,



Article VI
Admission of Additional Members

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: The admission of new members shall be solely by majority vote (in interest) by the existing members, or as otherwise provided in the Agreement of Operation or Regulations.

Article VII
Members Rights to Continue Business

The remaining members of the Limited Liability Company may have the right, if given, to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability companies shall be by majority vote of the members.

FILED
00 NOV -9 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of FENTON, LANG, BRUNER & ASSOCIATES RESIDENTIAL SERVICES, L.L.C., effective this 2nd day of November, 2000.

John Blades
JOHN BLADES, Member

Mansfield W. Williams Jr.
MANSFIELD WILLIAMS JR., Member

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 2nd day of November, 2000, by JOHN BLADES and MANSFIELD WILLIAMS JR.

Joan A. Zaino
Signature of Notary Public

Print, type or stamp commissioned name of Notary Public

Personally known ✓ or produced identification _____.

Type of Identification Produced _____

FILED
NO NOV -9 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA