

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L000000014685

N. Craig McCallister and
Laurie S. McAllister, LLC

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-11/29/00--01023--020
****155.00 ****155.00

- ___ Art of Inc. File
- ___ LTD Partnership File
- ___ Foreign Corp. File
- ☒ L.C. File Cert.
- ___ Fictitious Name File
- ___ Trade/Service Mark
- ___ Merger File
- ___ Art. of Amend. File
- ___ RA Resignation
- ___ Dissolution / Withdrawal
- ___ Annual Report / Reinstatement
- ☒ Cert. Copy
- ___ Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval
- ___ Courier

APPROVED
AND
FILED

00 NOV 29 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 NOV 29 AM 10:41
DIVISION OF CORPORATION

11/29/00

Signature _____

Requested by: LM

11/29 9:15

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: Name:

The name of the Limited Liability Company is: N. CRAIG McALLISTER AND LAURIE S. McALLISTER, LLC.

ARTICLE II: Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1605 Main Street, Suite 912
Sarasota, Florida 34236

ARTICLE III:

Registered agent, Registered Office, & Registered Agent's Signature:

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

H. William Scovill
1605 Main Street, Suite 912
Sarasota, Florida 34236

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


H. William Scovill

ARTICLE IV: Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.


N. CRAIG McALLISTER


LAURIE S. McALLISTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

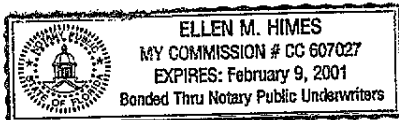
APPROVED
AND
FILED

(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 SARASOTA

On this 22nd day of November, 2000, before me, a Notary Public, personally appeared N. CRAIG McALLISTER and LAURIE S. McALLISTER who executed the above Articles of Organization, and acknowledged the same to be their free act and deed. N. CRAIG McALLISTER and LAURIE S. McALLISTER are personally known to me or have produced proper identification.
Personally known X or Produced ID _____.

My commission expires:



[Signature]
Notary Public

APPROVED
AND
FILED
00 NOV 29 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA