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Requestor's Name			
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660 E. Jefferson St.		:	
Address			
Tallahassee, FL 3230	01 850-222-2785		
City/St/Zip	Phone #		
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Non-Profit	Resignation of R.A., Officer/Dir	ector 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3559919 70101064003
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ARTICLES OF ORGANIZATION NEWBRIDGE PROPERTIES, L.C. A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is Newbridge Properties, L.C.

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limit Liability Company is 1030 Martins Lake Cope.

Ploswell GA 30076

ARTICLE III DURATION NAR 16 PMIZ: 0/ RETURY OF STATE AHAGSEE, FLORIDA

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV MANAGEMENT

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

Louis R. Davis, II

Kim L. Davis

ARTICLE V ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: Terms and conditions to be determined by a majority vote of the managing members pursuant to the terms and conditions of the Operating Agreement.

ARTICLE VI MEMBERS' RIGHTS TO CONTINUE BUSINESS

The remaining members of the Limited Liability Company shall have the right to continue business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminated the continued membership of a member in the Limited Liability Company.

Witnesses:	$\bigcirc (/(\bigcirc))$	
Dell Paller	26/1	
	LOUIS R. DAVIS	<u> </u>
Jose Power	_ Kim X David ER	
	KIM L. DAVIS 55 .	<u></u>
STATE OF GEORGIA COUNTY OF TO TO	<u> </u>	_
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	iay, before me, an officer duly autho <u>rize</u> d _c	<u></u>
to administer oaths and take acknowled DAVIS and KIM L. DAVIS, known to me	to be the persons described in and who	_
executed the foregoing instrument, wh	no acknowledged before me that they	
above-named persons:	the following form of identification of the	
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uns 10 day of Very minimum 200	, A 11	
C. Contractor	\$ (A/h00000 (1/10)	
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2002	Commission Expires: $Q / Q / Q / Q / Q / Q / Q / Q / Q / Q $	
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE NEWBRIDGE PROPERTIES, L.C. A FLORIDA LIMITED LIABILITY COMPANY

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 AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is Newbridge Properties, L.C.
- 2. The name and address of the registered agent and office is:

Michael A. Van Houten 114 South Palmetto Avenue Daytona Beach, Florida 32114

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 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.

MICHAEL A VAN HOUTEN

Date: 3-15-01

newbridge/ic