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Account Name : BUSINESS FILINGS

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LIMITED LIABILITY COMPANY

Caswell Auto Brokers LLC

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\$130.00

FAX AUDIT #_______/ CYSOC

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ARTICLES OF ORGANIZATION OF

Caswell Auto Brokers LLC

SECHLAHASSEE FLORIDA

ARTICLE I

NAME

The name of the limited liability company shall be: Caswell Auto Brokers LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 540 North Highway 434, Suite 118, Altomonte Springs, Florida 32714. Located in the County of Seminole.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Kevin A. Caswell, 540 North Highway 434, Suite 118, Altomonte Springs, Florida 32714. Located in the County of Seminole.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2041.

ARTICLE V MANAGERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Kevin A. Caswell, 6137 Westgate Drive, Suite 1004, Orlando, Florida 32835

Richard Oster, Vice President, Business Filings Incorporated.

Prepared by Richard Oster, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200, Madison, WI 53717. (608) 827-5300.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Caswell Auto Brokers LLC

The name and address of the registered agent and office is Kevin A. Caswell, 540 North Highway 434 Suite 118, Altomonte Springs, Florida 32714. Located in the County of Seminole.

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Signature:

Date: April 5, 2001

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