CAPITAL CONNECTION, INC.

Will Pick Up

Walk-In

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

Villiam T. Payne, Sr., LLC	5000041368056 -05/04/0101047026
	- *****155.00 *****155.00
	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fig. 100 File L.C. File L.C. File L.C. File Example 100 File Example 200 File
	Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation
	Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy
	Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search
Signature	Fictitious Search Fictitious Owner Search Vehicle Search Driving Record
Requested by: State 10:20	UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: Name:

The name of the Limited Liability Company is: WILLIAM T. PAYNE, JR. 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 therefore, a manager - managed company.

WILLIAM T. PAYNE, JR.

JOAN Y. PAYNE

(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

Personally known _____ or Produced ID _____

My commission expires:

Bonded Thru Notary Public Underwriters

ELLEN M. HIMES
MY COMMISSION # CC 990859
EXPIRES: February 9, 2005

APPROVILITY
AND
FILED

OI MAY -4 PM 2: 19
SECRETARY OF STATE
TALLAHASSEE, FLORING