



L0100 0008676

ACCOUNT NO. : 072100000032

REFERENCE : 410791 7116036

AUTHORIZATION : *Patricia Pizich*

COST LIMIT : \$ 155.00

ORDER DATE : November 28, 2001

ORDER TIME : 10:02 AM

ORDER NO. : 410791-005

CUSTOMER NO: 7116036

CUSTOMER: T. N. Murphy, Jr., Esq
T. N. Murphy, Jr., P.a.

400004696404--1

Suite 410
980 North Federal Highway
Boca Raton, FL 33432

DOMESTIC FILING

NAME: RICE LEASING, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: *YB*

RECEIVED
01 NOV 28 AM 10:26
DIVISION OF CORPORATION
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 NOV 28 AM 11:21

APPROVED
AND
FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: RICE LEASING, LLC

ARTICLE II - Address:

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

Mailing and Street Address: 8069 Clear Shores Circle
Delray Beach, FL 33446

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

T.N. Murphy, Jr., P.A. *1005762*
980 North Federal Highway, Suite 410
Boca Raton, FL 33432

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 property 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.

By: *[Signature]*
Registered Agent's Signature

ARTICLE IV - Management:

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

Carl Oleksy
Signature of member or an authorized representative of a member.

CARL OLEKSY
Typed or printed name of signee

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

01 NOV 28 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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