

Boyd, Lindsey, + Branch P.A.

Requester's Name

1407 Piedmont Drive East

Address

Tallahassee FL, 32317

City/State/Zip

Phone #

386-7171

L010000013413

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Eagle Pass DEA, L.L.C.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

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-08/15/01-01002-003

****125.00 ****125.00



Walk in



Pick up time



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS



Profit



Not for Profit



Limited Liability



Domestication



Other

AMENDMENTS



Amendment



Resignation of R.A., Officer/Director



Change of Registered Agent



Dissolution/Withdrawal



Merger

OTHER FILINGS



Annual Report



Fictitious Name

REGISTRATION/QUALIFICATION



Foreign



Limited Partnership



Reinstatement



Trademark



Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 14 AM 8:32

APPROVED
AND
FILED

RECEIVED
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
CR2E031(7/97)
2001 AUG 14 PM 3:35
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

Examiner's Initials

10/4/01

**ARTICLES OF ORGANIZATION
OF
EAGLE PASS DEA, L.L.C.**

The undersigned individual, acting as the authorized representative of a member under the provisions of Chapter 608, Florida Statutes, adopts the following Articles of Organization:

ARTICLE I

Name

The name of this Limited Liability Company shall be **EAGLE PASS DEA, L.L.C.**

Principal Place of Business and Mailing Address

The principal place of business and mailing address of the Limited Liability Company shall be 226 North Duval Street, Tallahassee, Florida 32301.

ARTICLE III

Duration

The period of duration for the Limited Liability Company shall be perpetual, unless terminated by other provisions of these Articles of Organization.

ARTICLE IV

Management

The Limited Liability Company is to be managed by its member as set forth in its Regulations. The name and address of the member is:

Name
James M. Rudnick

Address
226 North Duval Street
Tallahassee, Florida 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ARTICLE V

Admission of Additional Members

Members of the Limited Liability Company may admit additional members, but only upon the unanimous approval of the existing members of the Limited Liability Company.

ARTICLE VI

Transfer of Member's Interest


The transfer of any member's interest in the Limited Liability Company, whether to an existing member or a non-member, requires unanimous approval of all members of the Limited Liability Company.

ARTICLE VII

Name and Address of Registered Agent

The name and address of the Registered Agent of the Limited Liability Company shall be Wm. Scott Lindsey, and his address is 1407 Piedmont Drive East, Tallahassee, Florida 32308.

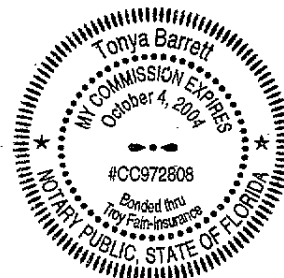
IN WITNESS WHEREOF, the undersigned, the authorized representative of a member of this Limited Liability Company, executes these Articles of Organization and certifies to the truth of the facts herein stated in the State of Florida, this 14 day of August, 2001.


Wm. Scott Lindsey,
Authorized Representative Of A Member

State of Florida
County of Leon

The foregoing Articles of Organization were acknowledged before me this 14 day of August, 2001, by Wm. Scott Lindsey.


Notary Public



**CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is Eagle Pass DEA, L.L.C.
2. The name and address of the registered agent and office is:

Wm. Scott Lindsey
1407 Piedmont Drive East
Tallahassee, Florida 32312

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 OF 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.

Wm Scott Lindsey
Signature

8/14/01
Date

01 AUG 14 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

State of Florida
County of Leon

The foregoing Certificate of Designation of Registered Agent / Office was acknowledged before me this 14th day of August, 2001, by Wm. Scott Lindsey.

Tonya Barrett
Notary Public

