



ATTORNEYS AT LAW
THE ANDERSEN FIRM

A PROFESSIONAL CORPORATION

L01000017069

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501 WHITEHEAD STREET
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FACSIMILE: 305.293.7825
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KINGSPORT, TN 37662-0088
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REPLY TO: KEY WEST OFFICE

October 1, 2001

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: FOUR SEASONS, LLC

100004619971--6
-10/02/01--01039--005
****160.00 ****160.00

EFFECTIVE DATE

10-1-01

Dear Sir or Madam:

Please find enclosed two (2) duplicate original Articles of Organization for the above referenced limited liability company, and a check in the amount of \$160.00, representing the following:

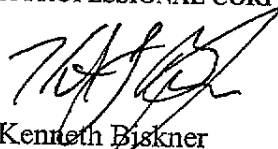
Filing fee	100.00
Designation of Registered Agent	25.00
Certified Copy	30.00
Certificate of Status	<u>5.00</u>

Total \$160.00

Please file one set of originals and return one certified copy along with the certificate of status to the undersigned in the enclosed stamped and self-addressed envelope.

Sincerely,

THE ANDERSEN FIRM
A PROFESSIONAL CORPORATION


Kenneth Biskner

Enclosures

FILED
2001 OCT -2 AM 9:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LC

**ARTICLES OF ORGANIZATION
OF
FOUR SEASONS, LLC**

THE UNDERSIGNED, acting as the organizer of Four Seasons, LLC ("Company"), a limited liability company organized pursuant to Section 608.407 of the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization for the Company:

1. The name of the Company is "Four Seasons, LLC"
2. The mailing address and street address of the principal office of the Company is:

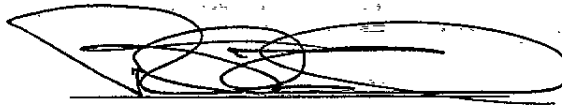
509 Whitehead Street
Key West, Florida 44040

3. The name and address of the initial registered agent for service of process of the Company is set forth below:

The Andersen Firm, A professional Corporation
501 Whitehead Street
Key West, Florida 33040

4. At the date and time of filing of these Articles, there are two (2) members of the Company.
5. The Company will be member managed.
7. The duration of the Company is to be limited to thirty (30) years.
8. The existence of the Company shall begin on October 1, 2001.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 1st day of October, 2001.



Peter Anderson, Organizer

(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)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
) ss:
COUNTY OF MONROE)

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared PETER ANDERSON, who executed the foregoing articles of organization, and produced Florida Drivers License #A536-673-47-0120 as identification.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 1st day of October, 2001.



Notary Public, State of
Florida at Large

My Commission expires:



Kenneth J. Biskner, Jr.
MY COMMISSION # CC927246 EXPIRES
April 12, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

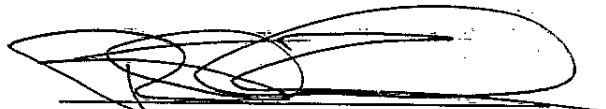
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of § 608.415, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement to designate the registered agent and registered office, in the State of Florida.

- a. The name of the limited liability company is Four Seasons , LLC.
- b. The name and address of the registered agent and office is:

The Andersen Firm, A Professional Corporation
501 Whitehead Street
Key West, FL 33040

Four Seasons, LLC


Peter Anderson, Organizer

Date: October 1, 2001

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.

THE ANDERSEN FIRM
A PROFESSIONAL CORPORATION


William E. Andersen, President

Registered Agent: Four Seasons, LLC

Date: October 1, 2001

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TALLAHASSEE, FLORIDA