

CAPITAL CONNECTION, INC.

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

L01000010932

Five Points Partners Limited Liability

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****125.00 ****125.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature _____

Requested by: ew

Name _____

Date 11/19

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

☒ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CB
11/19/01

ARTICLES OF ORGANIZATION

OF

FIVE POINTS PARTNERS LIMITED LIABILITY COMPANY

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Act, do hereby adopt the following Articles of Organization.

ARTICLE 1.0

The name of the Limited Liability Company shall be Five Points Partners Limited Liability Company.

ARTICLE 2.0

The period of its duration may not exceed 30 years from the date of filing with the Department of State.

ARTICLE 3.0

The purpose for which the Limited Liability Company is organized shall be the engagement of any legal business or investment activity as the Managers may from time to time determine.

ARTICLE 4.0

The location of the principal place of business and mailing address of the Limited Liability Company shall be 2210 St. Johns Avenue, Jacksonville, Florida 32204.

ARTICLE 5.0

The admission of new Members shall be subject to the unanimous approval of the existing Members of the Limited Liability Company.

ARTICLE 6.0

Upon the affirmative majority vote thereof, the remaining Members of the Limited Liability Company may continue the business on the death, retirement,

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resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company.

ARTICLE 7.0

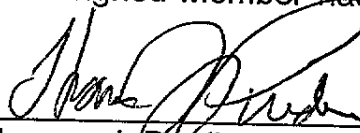
The Limited Liability Company shall be managed by Managers and names and addresses of the initial Managers are as follows:

Ronald C. Root
2244 St. Johns Avenue
Jacksonville, Florida 32204

Fran F. Root
2244 St. Johns Avenue
Jacksonville, Florida 32204

Thomas J. Purdie
2210 St. Johns Avenue
Jacksonville, Florida 32204

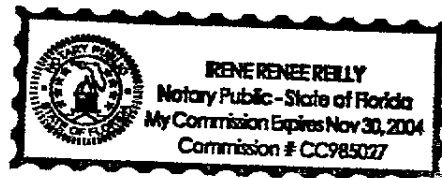
IN WITNESS WHEREOF, the undersigned Member has executed these Articles of Organization.


Thomas J. Purdie, Manager

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 16th day of November, 2001, by Thomas J. Purdie, Manager, who is personally known to me or has produced a valid driver's license as identification.


Signature of Notary Public
Notary's Seal:



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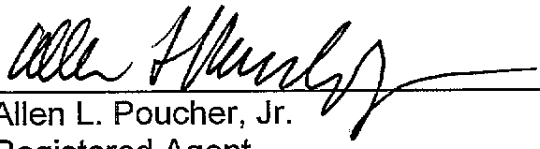
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is Five Points Partners LLC, Limited Liability Company.
2. The name and the Florida street address of the registered agent are:

ALLEN L. POUCHER, JR., P.A.
2705 Riverside Avenue
Jacksonville, Florida 32205

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.



Allen L. Poucher, Jr.
Registered Agent

Date: 11-16-01

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