including the south of the sout

P. O. Box 927 West Windsor, NJ 08550-0927 877-462-2388 Fax: 609-716-0820

Jan. 2, 2003-

Division of Corporations Department of State 409 E Gaines Talahassee FL 32314

700004748847—6 -01/03/02--01038--005 *****155.00 *****155.00

RE: McDirmit Davis Pucklett & Company, LLC

Dear Sir/Madam

For the purposes of forming the above captioned entity, enclosed herewith in duplicate is Articles of Organization accompanied by our check in the amount of \$ 155.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence to the undersigned in the enclosed self addressed stamped envelope.

If you should need additional information, please do not hesitate to contact our office at 877-462-2388.

Thank you in advance for your cooperation in this matter.

Sincerely,

Margaret Timmins

ECRETARY OF SIA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: McDirmit Davis Puckett & Company, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 605 Robinson Street, Suite 635, Orlando, Florida 32801

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

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

	Charles W. Puckett					
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	605 E Robinson Street	Ste.	635			
	Florida street address (P.O. Box NOT acceptable)					
	Orlando		FI. 32801			
	City, Sta	ate, and	Zip			•
iability company at the egistered agent and ag tatutes relating to the p	registered agent and to acc place designated in this co ree to act in this capacity. roper and complete perfor f my position as registered Charles W. Puckett	ertificat I furth rmance	te, I hereby ac er agree to co of my duties,	cept the appointmer mply with the provi: and I am familiar w	nt as sions of vith and	
	By: Chash h	Pur	1014			
	Registe	red Ager	nt's Signature			ġ
The Limited Liability	ent (Check box if applic ity Company is to be man er - managed company.	cable.) aged by	y one manage	r or more managers	ယ	SECRETARY VISION OF CO
(An add	ditional article must be ad	ded if a	m effective da	ite is requested)	AM 10: 02	RPOR STATE
— <u> </u>	AMANA V FMAND ature of a member or an aut	horized	renresentative	of a mambar	2	Š
(In of t	accordance with section 608.4 his document constitutes an aff the facts stated herein are true	08(3), Fi	lorida Statutes, ti	he execution		
Cha	arles W. Puckett, Member					

Filing Fees:

Typed or printed name of signee

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)