

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904) 398-3911
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AL

LIMITED LIABILITY COMPANY

Rhino Harbor, LLC

Certificate of Status			0
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Page Count			02
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ARTICLES OF ORGANIZATION
OF
RHINO HARBOR, LLC

ARTICLE I - NAME

The name of this Limited Liability Company is RHINO HARBOR, LLC (the "Company").

ARTICLE II - ADDRESS

The address of the principal office and the mailing address of the Company is 2933 Myrtle Avenue, Suite 201, Jacksonville, Florida 32208.

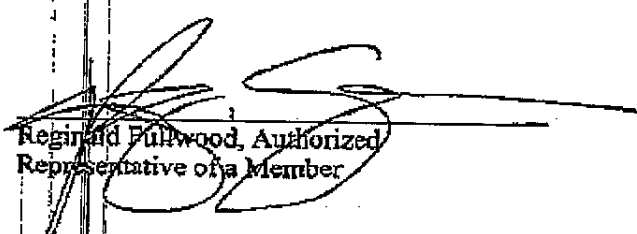
ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 3125 Mell Court, Jacksonville, Florida 32254, and the name of its initial registered agent at such address is Reginald Fullwood.

ARTICLE IV - MANAGEMENT OF THE COMPANY

The Company will be member-managed.

IN WITNESS WHEREOF, the undersigned person has executed these Articles of Organization this 10th day of January, 2002.


Reginald Fullwood, Authorized
Representative of a Member

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

Pursuant to the provisions of Section 608.415, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, 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:

RHINO HARBOR, LLC

2. The name and address of the registered agent and office are:

**Reginald Fullwood
3125 Mell Court
Jacksonville, Florida 32254**

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.


Reginald Fullwood

Date:

1/10/02

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