Osceola Paralegal Services, Inc.

17 S. Orlando Ave. Kissimmee, FL 34741 (407) 870-5878

Fax (407) 870-9997

Kathleen Foust
Owner

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399 100004778031--6 -01/16/02--01049--001 ****125.00 ****125.00

RE: DAVENPORT, LLC

Dear Sir or Madam:

Enclosed is the original and one copy of the Articles of Organization for DAVENPORT, LLC, a limited liability company. Also enclosed is my check in the amount of \$125.00 for filing fees and a certified copy of the Articles.

Please file these articles as soon as possible and return the certified copy to this office. I have enclosed a Federal Express airbill for your return to this office.

Thank you for your assistance in this matter.

Sincerely,

Kathleen M. Foust, Paralegal

Enclosures as Stated.

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DIV. 101 15 12 200 ATTOMS

TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

FOR

DAVENPORT, LLC

ARTICLE I: NAME

The name of the Limited Liability Company is: DAVENPORT, LLC.

ARTICLE II: ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 110 W. Orange, Davenport, Florida 33837.

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

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

KATHLEEN M. FOUST 17 S. Orlando Ave. Kissimmee, FL 34741

Having been designated as registered agent 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 as provided for in Chapter 608, F.S.

Registered Agent's Signature

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

Signature of a member or authorized

representative of a member

JAMES C. PEEPLES

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.

JAMES C. PEEPLES

STATE OF FLORIDA COUNTY OF OSCEOLA

BEFORE ME, a notary public, personally appeared JAMES C. PEEPLES, to me known to be the person described as member and executed the foregoing Articles of Organization, acknowledged before me that he subscribed to these Articles of Organization on the 100 day of January, 2002. The following was provided as identification:

(NOTARY SEAL)



Notary Public's Signature State of Florida at Large

Joan S Davidson
Notary Public's Printed Name

My Commission Expires: 8/3/05

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ALLAWASSEE FLORIDA