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ACCOUNT NO. : 072100000032

REFERENCE : 629410. 80523A

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : June 19, 2002

ORDER TIME : 11:26 AM

ORDER NO. : 629410-005

CUSTOMER NO: 80523A

000005865600--0

CUSTOMER: William B. Mcmenamy, Esq
Donahoo Ball & Mcmenamy, P.a.

2925 Barnett Center
50 North Laura Street
Jacksonville, FL 32202

DOMESTIC FILING

NAME: DENNIS P. DORE, L.C.

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Maryann Brzoska - EXT. 1114
EXAMINER'S INITIALS:

RECEIVED
02 JUN 19 PM 12:52
FILED
02 JUN 19 PM 1:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

6/19
WST

ARTICLES OF ORGANIZATION

OF

DENNIS P. DORE, L.C.

FILED
02 JUN 19 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned authorized representative hereby executes these Articles of Organization for the purpose of forming a professional limited liability company under the laws of the State of Florida.

ARTICLE 1. NAME

The name of this professional limited liability company is DENNIS P. DORE, L.C.

ARTICLE 2. ADDRESS

The mailing address and the street address of the principal office of the professional limited liability company are 201 N. Hogan Street, Suite 200, Jacksonville, Florida 32202.

ARTICLE 3. DURATION

This professional limited liability company is to exist perpetually.

ARTICLE 4. PURPOSE

This professional limited liability company is organized for the purpose of transacting any and all lawful business for which professional limited liability companies may be organized under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, 2001, as amended, and the Professional Services Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, 2001, as amended.

ARTICLE 5. MANAGEMENT

This professional limited liability company is to be managed by the members and the name and address of the managing member are:

NAME

ADDRESS

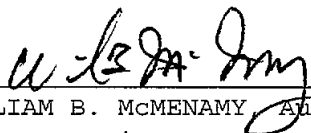
Dennis P. Dore

4700 Ortega Blvd.
Jacksonville, Florida 32210

ARTICLE 6. ADMISSION OF ADDITIONAL MEMBERS

No person may be admitted as an additional member of this professional limited liability company unless each member consents in writing to the admission of the additional member.

IN WITNESS WHEREOF, I, the undersigned authorized representative, have hereunto set my hand and seal this 18th day of June, 2002, for the purpose of forming this professional limited liability company under the laws of the State of Florida, and I hereby make and file in the office of the Secretary of the State of Florida, these Articles of Organization and certify that the facts herein stated are true.

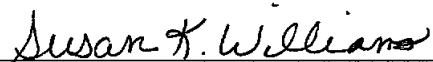

WILLIAM B. McMENAMY, Authorized
Representative

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William B. McMenemy, Authorized Representative

STATE OF FLORIDA
COUNTY OF DUVAL

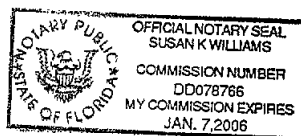
SUBSCRIBED, SWORN AND ACKNOWLEDGED to before me by WILLIAM B. McMENAMY, who is (X) personally known to me or () has produced _____ as identification, this 18th day of June, 2002.


Notary Public, State of
Florida at Large

(Susan K. Williams)
Print name below signature

My Commission Expires: 1/7/06

My Commission Number: DD078766



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL 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:
DENNIS P. DORE, L.C.
2. The name and the Florida street address of the registered agent are:

William B. McMenamy

Name

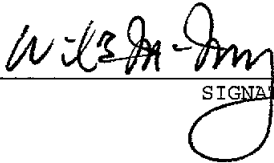
50 N. Laura Street, Suite 2925

Florida street address (P.O. Box NOT ACCEPTABLE)

Jacksonville, FL 32202

CITY, STATE AND ZIP

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.



SIGNATURE

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02 JUN 19 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA