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 REFERENCE : 688355 81219A
 AUTHORIZATION :
 COST LIMIT : \$ PPD

FILED
 02 AUG -1 PM 1:34
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ORDER DATE : August 1, 2002
 ORDER TIME : 11:11 AM
 ORDER NO. : 688355-005
 CUSTOMER NO: 81219A

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 ****125.00 ****125.00

CUSTOMER: Jodie Hamm, Legal Asst
 W. Wade Wallace, Esquire

 Suite 26
 10221 Emerald Coast Parkway
 Destin, FL 32541

AL

DOMESTIC FILING

NAME: JADDIP ENTERPRISES, L.L.C.

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: _____

RECEIVED
 02 AUG -1 AM 11:38
 DEPARTMENT OF STATE
 DIVISION OF CORPORATE AFFAIRS
 TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF
JADDIP ENTERPRISES, L.L.C.**

The undersigned certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

**ARTICLE I
NAME, PRINCIPAL PLACE AND MAILING ADDRESS
OF BUSINESS**

The name of the limited liability company shall be JADDIP Enterprises, L.L.C., and its principal office and mailing address is 150 Industrial Park Drive, #7, Destin, FL 32541, but it shall have the power and authority to establish branch offices at any other place or places as the members may designate.

**ARTICLE II
EXERCISE OF POWERS**

All limited liability company powers shall be exercised by or under the authority of, and the business and affairs of this limited liability company shall be managed under the direction of, the members of this limited liability company. This Article may be amended from time to time in the regulations of the limited liability company by a unanimous vote of the members of the limited liability company.

**ARTICLE III
MANAGEMENT**

This limited liability company shall be managed by one (1) manager. The name and address of the person who shall serve until the first annual meeting of members or until a successor(s) is elected and qualified is as follows:

Don A. Keener

150 Industrial Park Drive, #7
Destin, FL 32541

**ARTICLE IV
MEMBERSHIP RESTRICTIONS**

Members shall have the right to admit new members by unanimous consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

A member's interest in the limited liability company may not be sold or otherwise transferred except with unanimous written consent of all members.

On the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the limited liability company, the remaining members shall have the right to continue the business on unanimous consent of the remaining members.

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CLERK OF DISTRICT COURT
TALAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF WALTON

Pursuant to the provisions of Sections 608.407(1)(d) of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the limited liability company is JADDIP Enterprises, LLC.

The name of the registered agent for JADDIP Enterprises, L.L.C. is Don A. Keener and the street address of the company's principal office where the agent is located is 150 Industrial Park Drive, #7, Destin, FL 32541.

This statement is to acknowledge that, as indicated above, JADDIP Enterprises, LLC has appointed me, Don A. Keener, as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this 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.

Dated this the 29th day of July, 2002.


By: Don A. Keener


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TALLAHASSEE, FLORIDA

STATE OF ~~CALIFORNIA~~ FLORIDA
COUNTY OF WALTON

The forgoing instrument was acknowledged before me this 29th day of July, 2002 by Don A. Keener, (X) who is personally known to me/() who produced the following as identification:

WITNESS my hand and seal this 29th day of July, 2002.

Affix Seal:


Type Name: _____
NOTARY PUBLIC
My Commission Expires:



Jodie L Pitman
MY COMMISSION # DD059099 EXPIRES
September 21, 2005
BONDED THRU TROY FAIN INSURANCE, INC