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* Certified Mediator

August 9, 2002

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****155.00 ****155.00

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

EFFECTIVE DATE
8/24/02

RE: Organization of Vinson Consulting, L.L.C.

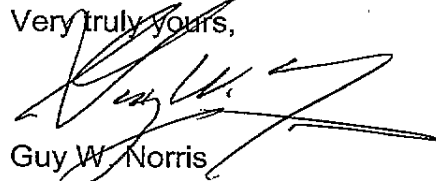
Gentlepersons:

Enclosed for filing are original and one copy of Articles of Organization of Vinson Consulting, L.L.C., together with this firm's check in the amount of \$155.00 which represents \$100.00 for the filing fee, \$25.00 for Designation of Registered Agent and \$30.00 for a certified copy.

Please return the certified copy to this office.

Should you have any questions or comments regarding the foregoing, please do not hesitate to contact me. Thank you for your courtesy.

Very truly yours,


Guy W. Norris

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	
Availability	GWN:sfb
Document Examiner	Enclosures DCC
Updater	DCC
Updater Verifyer	DCC
Acknowledgement	DCC
W. P. Verifyer	DCC

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ARTICLES OF ORGANIZATION

VINSON CONSULTING, L.L.C.

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

EFFECTIVE DATE
8/24/02

1. **Name.** The name of the limited liability company is VINSON CONSULTING, L.L.C.
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

Route 12, Box 718, Lake City, Florida 32025
4. **Mailing Address.** The mailing address of the limited liability company is:

Route 12, Box 718, Lake City, Florida 32025
5. **Members at Time of Formation.** There will be at least one member at the time the limited liability company is formed.
6. **Period of Duration.** The period of duration shall be perpetual.
7. **Management.** The limited liability company is to be managed by one or more managers and is, therefore, a manager - managed company.
8. **Effective Date.** The effective date of the limited liability company shall be:

August 24, 2002.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

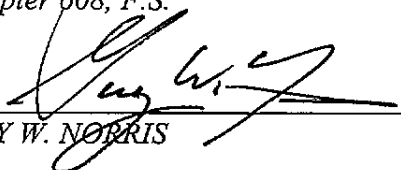
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9. Registered Agent, Registered Office, and Registered Agents Signature. The name and the Florida Street address of the registered agent are:

GUY W. NORRIS
NORRIS, KOBERLEIN & JOHNSON, P.A.
253 N.W. Main Boulevard
Lake City, FL 32055

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 as provided for in Chapter 608, F.S.


GUY W. NORRIS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Michael D. Vinson
Member

(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 and correct.)