

LO2000026264
Office 386-754-2510 Fax 386-754-2509

Date: 10/1/02

To: Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Registering Agent: Jeffrey S Rafael
Rt 21 Box 5182
Lake City, Florida 32024
386-754-2510

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 OCT - 1 AM 10:28

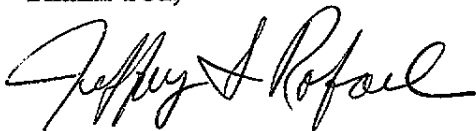
FILED

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Dear Sir or Madam,

I wish to set up an LLC by the name of "Proclaims Management LLC". Currently, I am the only manager of the company. Please contact me if you should have any questions.

Thank You,



Jeffrey S. Rafael

LO2-26264
JR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **PROCLAIMS MANAGEMENT, LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

RT 21 BOX 5182, LAKE CITY, FL. 32024

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Jeffrey S. RAFAEL
Name

RT 21 BOX 5182
Florida street address (P.O. Box **NOT** acceptable)

LAKE CITY FL 32024
City, State, and Zip

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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FILED

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.

Jeffrey S. Rafael
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

Jeffrey S. Rafael
Signature of a member or an authorized representative of a member.

(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.)

Jeffrey S. RAFAEL
Typed or printed name of signee

Filing Fees:

~~\$100.00~~ Filing Fee for Articles of Organization

~~\$ 25.00~~ Designation of Registered Agent

~~\$ 30.00~~ Certified Copy (Optional)

~~\$ 5.00~~ Certificate of Status (Optional)