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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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\$ 13.00

October 10, 2002

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

To Whom it May Concern:

Please find enclosed the following Articles of Organization for Wrightson and Associates, LLC.

The name, address and daytime phone number requested is as follows:

David Wrightson 19634 Red Maple Lane Jupiter, FL 33458 (561)801-3530

Very truly yours,

David Wrightson

DW/amv

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABLITY COMPANY

ARTICLE I -

The name of the Limited Liability Company is: Wrightson and Associates, LLC.

ARTICLE II -

The mailing address and street address of the principal office of the Limited Liability Company is 19634 Red Maple Lane, Jupiter, FL 33458.

ARTICLE III -

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

David Wrightson

Name

19634 Red Maple Lane

Florida street address

Jupiter, FL 33458 City, State and Zip

Having been named as registered agent and to accept service of process for the 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 a m familiar with and accept the obligations of my position as registered agent as provided got in Chapter 608, F.S.

Registered Agent's Signature

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

Signature of a member or 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.)

DAVID W. WRIGHTSON

Typed name or printed name of signee