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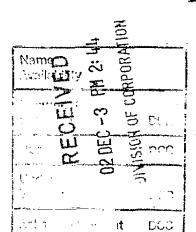
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LIMITED LIABILITY COMPANY



W. P. Verifyer

Woodall Property Group, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION OF Woodall Property Group, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Woodall Property Group, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: P.O. Box 351263, Jacksonville, Florida 32235-1263.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: M. Kevin Woodall, 1710 Chandelier Circle East, Jacksonville, Florida 32225. Located in the County of Duval.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2042.

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ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

M. Kevin Woodall, P.O. Box 351263, Jacksonville, Florida 32235-1263

Business Filings Incorporated

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

FAX AUDIT # 1102000 232 7678

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Woodall Property Group, LLC

The name and address of the registered agent and office is M. Kevin Woodall, 1710 Chandelier Circle East, Jacksonville, Florida 32225. Located in the County of Duval.

Having been named as registered agent and to accept service of process for the above stated corporation 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.

DEC -3 PM 3: RETARY OF STA

Signatur

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Date: November 25, 2002