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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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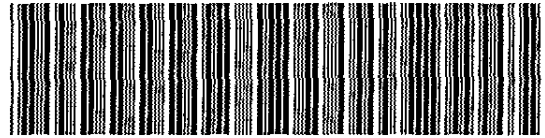
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN DEC 16 2002

THE LAW OFFICE OF
GREGORY V. BEAUCHAMP, P.A.
107 EAST PARK AVENUE, 32626
P. O. BOX 1129
CHIEFLAND, FL 32644
FAX (352)493-1378
(352)493-1458

December 11, 2002

Secretary of State
Division of Corporations
P. O. Box 6327
The Capitol
Tallahassee, Florida 32314

Attn: Articles of Organization

Re: THOMAS BROOKINS, L.L.C.

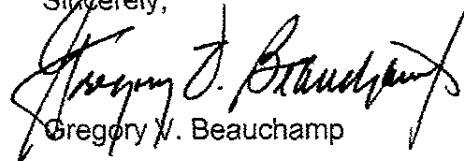
Dear Sir or Madam:

Enclosed please find the original and a copy of Articles of Organization for the above-named L.L.C. In addition, a check in the amount of \$160.00 is enclosed which represents the following fees:

Filing Fee	\$ 125.00
Certified Copy	\$ 30.00
Certificate	\$ 5.00
	<u>\$160.00</u>

Please file the original of the enclosed Articles of Organization and return a certified copy to me at your earliest opportunity.

Sincerely,


Gregory V. Beauchamp

GVB/jem
Enclosure

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TALLAHASSEE, FLORIDA

THIS INSTRUMENT
PREPARED BY:
GREGORY V. BEAUCHAMP, P. A.
P. O. BOX 1129
CHIEFLAND, FLORIDA 32644-1129

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
THOMAS BROOKINS, L.L.C.**

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Act, do hereby adopt the following Articles of Organization.

ARTICLES 1.0

The name of the Limited Liability Company shall be: **THOMAS BROOKINS, L.L.C.**

ARTICLE 2.0

The period of its duration may not exceed 30 years from the date of filing with the Department of State.

ARTICLE 3.0

The purpose for which the Limited Liability Company is organized shall be investments, equipment rental and real estate management as the Manager may from time to time determine.

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ARTICLE 4.0

The location of the principal place of business and mailing address of the Limited Liability Company shall be: physical address is **12550 NW. 50th AVENUE, CHIEFLAND, FLORIDA 32626** and the mailing address is **12550 NW. 50th AVENUE, CHIEFLAND, FLORIDA 32626**.

ARTICLE 5.0

The admission of new Members shall be subject to the unanimous approval of the existing Members of the Limited Liability Company.

ARTICLE 6.0

Upon the affirmative majority thereof, the remaining Members of the Limited Liability Company may continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company.

ARTICLE 7.0

The Limited Liability Company shall be managed by a Manager or Managers and the name and address of the initial Managers are as follows:

THOMAS BROOKINS

**12550 NW. 50th AVENUE
CHIEFLAND, FLORIDA 32626**

IN WITNESS WHEREOF, the undersigned Member have executed these Articles
of Organization this 11th day of December, 2002.

Thomas Brookins
THOMAS BROOKINS

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF LEVY

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to
administer oaths and take acknowledgments, personally appeared **THOMAS
BROOKINS**, known to me to be the person(s) described in and who executed the
foregoing instrument, who acknowledged before me that he executed the same, that I
relied upon the following form(s) of identification: (X) personally known or () produced
identification _____. No oath(s) taken.

WITNESS my hand and official seal in the County and State last aforesaid this
11th day of December, 2002.

(NOTARY SEAL)



Gregory V. Beauchamp
MY COMMISSION # CC810758 EXPIRES
February 21, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

Gregory V. Beauchamp
Notary Signature

GREGORY V. BEAUCHAMP
Notary Printed Name

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits that following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is **THOMAS BROOKINS, L.L.C.**

2. The name and the Florida street address of the Registered Agent is:

**THOMAS BROOKINS
12550 NW. 50th AVENUE
CHIEFLAND, FLORIDA 32626**

Having been named as Registered Agent and to accept service of process for the above state 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.


THOMAS BROOKINS