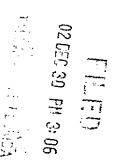
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100009550611





ACCOUNT NO. : 072100000032

REFERENCE: 872498

AUTHORIZATION

COST LIMIT : \$ 125.00

.\_\_\_\_\_.

ORDER DATE: December 26, 2002

ORDER TIME : 9:24 AM

ORDER NO. : 872498-001

CUSTOMER NO: 7361485

CUSTOMER: Mr. Jim O'steen

Mr. Jim O'steen

1231 N. Laura Street

Springfield Historic District

Jacksonville, FL 32206

### DOMESTIC FILING

NAME: SPRINGFIELD CUSTOM CYCLES, LLC

#### EFFECTIVE DATE:

XX \_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
SPRINGFIELD CUSTOM CYCLES, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
1544 N. MAIN STREET, SPRINGFIELD HISTORIC DISTRICT, JACKSONVILLE, FL 32206
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State, and Zip
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.  Corporation Service Company,  By: (Corporation Service Company)  Registered Agent's Signature  Registered Agent's Signature  Resistance 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.  Corporation Service Company,  By: (Corporation Service Company)  Registered Agent's Signature  Registered Agent's Signature
(An additional article must be added if an effective date is requested)
Nelional D. Skipper
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.)
DEBORAH D. SKIPPER  Typed or printed name of signce
i yped or printed name of signce
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)

SPRINGFIELD CUSTOM CYCLES, LLC

JIM O'STEEN - MGRM 1 N. LAURA STREET JACKSONVILLE, FL 32206

njh

#### LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of SPRINGFIELD CUSTOM CYCLES, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 27 day of Tec., 2002.

Signature

Print Name of Signer

WITNESS:

Sionetine

Print Name of Witness

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Print Name of Witness