

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY
PIGEON ROOST MEADOWS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION
OF
PIGEON ROOST MEADOWS LLC

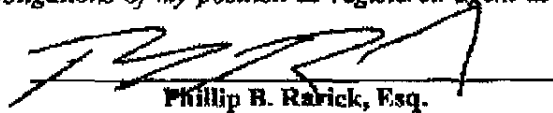
FIRST: The name of the Limited Liability Company is Pigeon Roost Meadows LLC.

SECOND: The mailing address and street address of the principal office of this Limited Liability Company is 4094 Maurice Drive, Delray Beach, Florida 33445.

THIRD: The name and street address of the Registered Agent are as follows:

Phillip B. Rarick, Esq.
Phillip B. Rarick, P.A.
7850 N.W. 146th Street, Suite 502
Miami Lakes, Florida 33016

Having been named as registered agent and to accept service of process for this 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.


Phillip B. Rarick, Esq.

FOURTH: The Limited Liability Company is to be managed by a Manager and the name and address of the Manager are as follows:

Scott Marshall
4094 Maurice Drive
Delray Beach, Florida 33445

Under penalties of perjury, I, as a Member of this Limited Liability Company, declare that I have read the foregoing and the facts alleged are true to the best of my knowledge and belief.

Signed on this 29th day of October, 2002.


SCOTT MARSHALL

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TALLAHASSEE, FLORIDA