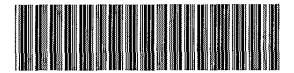
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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to Filling Officer. |
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|-----------------|--|-------------|------------------------------|--------------|
| | ACCOUNT NO. | . 07210000 | 00032 | |
| | REFERENCE | | | |
| | AUTHORIZATION | Patricia | Puit | |
| | COST LIMIT | : \$ 125.00 | | |
| ORDER DAT | TE : January 29, | 2003 | | |
| ORDER TIM | ME : 2:25 PM | | | |
| ORDER NO | : 898921-001 | | | = |
| CUSTOMER | NO: 7364209 | · | | Ę |
| CUSTOMER | Mr. Anthony L. Mr. Anthony L. | | | PASSEL, C |
| | 161bear Pen Rd | | | <u> </u> |
| | Ponte Vedra Bea | a, FL 3208 | 32 | ਰੂਜ਼ ਰੂਜ਼ |
| | DOMESTIC | FILING | | |
| N | MME: SAC CONS | TRUCTION LI | uC | |
| | EFFECTIVI | E DATE: | | |
| CI | RTICLES OF INCORPORTION OF LIMICATE OF CHANTE | ITED PARTNE | RSHIP | |
| PLEASE RI | TURN THE FOLLOWIN | NG AS PROOF | of filing: | |
| \overline{XX} | CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOO | | } | · |
| CONTACT I | PERSON: Norma Par | | EXT. 1147 MER'S INITIALS: | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAC CONSTRUCTION LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1810 1st Street North, Jacksonville Beach, FL 32250

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

| | Nam | e | |
|---------|--------------------|-----------------------------|------------|
| | 1201 Hays | Street _ | · |
| Florida | street address (P. | .O. Box <u>NOT</u> a | cceptable) |
| Tal] | ahassee | FL | 32301 |
| · - | City, Stat | e, and Zip | |

Having been named as registered agent and to accept service of process 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 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: Wellorsh W. Weight Deborah D. Skipper

Registered Agent's Signature Asst. V. Pres.

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

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 signee

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)

MANAGING MANGERS OF: SAC CONSTRUCTION LLC

Anthony Capasso 161 Bear Pen Road Ponte Vedra Beach, FL 32082

Shannon Armstrong 1810 1st Street North Jacksonville Beach, FL 32250

SHOULTHY OF STATE

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a De aware opporation 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 SAC CONSTRUCTION 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 ely upon it and the exercise of the limited power granted herein without making furtier inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this day of

Signature

Print Name of Signer

VITNESS:

Dary Dole Shockfield

ignature

1ARY DALE Stendfold

WITNESS:

Signature

Print Name of Witness