10300000 3725

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
EFFECTIVE DATE 1-31-03

Office Use Only



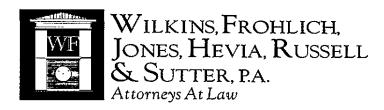


100011173641

01/30/03--01037--003 **125.00

03 JAN 30 AM 8: 50

Gary L. Wilkins
W. Cort Frohlich*
Phillip J. Jones**
Jesus M. Hevia***
W. Kevin Russell
Brian O. Sutter***
Louise Hanaoka
Catherine Douglas****
John B. Mizell*****
Brian M. Beason



MAIN OFFICE

18501 MURDOCK CIRCLE, 6th FLOOR
PORT CHARLOTTE, FL 33948-1039
PHONE (941) 625-0700
FAX (941) 625-9540
EMAIL: wilkins@wilkinslaw.com
www.wilkinslaw.com

NORTH PORT OFFICE 14295 S. TAMIAMI TRAIL NORTH PORT, FL 34287 PHONE (941) 429-1871 FAX (941) 429-8961

EMAIL: www.wilkinslaw@sunline.net www.wilkinslaw.com

- * FL Bar Board Certified Civil Trial Lawyer
- ** Also Admitted in Colorado
- *** Certified Family Mediator
- **** FL Bar Board Certified Workers' Compensation Lawyer
- **** Also Admitted in RI & Mass.
- ***** FL Bar Board Certified Wills, Trusts & Estates

January 28, 2003

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RE: Articles of Organization for Master Palms, LLC

To whom it may concern:

Enclosed herein is the Articles of Organization for Master Palms, LLC along with a check made payable to the Florida Department of State for \$125.00. I am the attorney for Master Palms, LLC and my address is as follows:

Brian M. Beason, Esq. Wilkins, Frohlich, Jones, Hevia, Russell & Sutter, P.A. 18501 Murdock Cir., Sixth Floor Port Charlotte, FL 33948

Thank you for your attention in this matter. We look forward to receiving your letter of acknowledgment.

Sincerely yours,

WILKINS, FROHLICH, JONES, HEVIA, RUSSELL & SUTTER, P.A.

Brion M Becson

Brian M. Beason

encl.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name and Effective Date

The name of the Limited Liability Company is Master Palms, LLC. The effective date of the Limited Liability Company shall be Monday, January 27, 2003.

ARTICLE II-Address

The mailing address of the Limited Liability Company is:

Master Palms, LLC Post Office Box 494911 Port Charlotte, FL 33949-4911

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

Master Palms, LLC 22119 Elmira Boulevard Port Charlotte, FL 33952

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

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

Phillip J. Jones, Esq. Wilkins, Frohlich, Jones, et. al. 18501 Murdock Circle, 6th Floor Port Charlotte, FL 33948

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.

Régistered Agent's Signature

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.

Signature of Stephen Cammick, Member