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TALLAHASSEE, FLORIDA

ACCOUNT NO.: 07210000032

REFERENCE :

909376 7365381

COST LIMIT : \$ 125.00

ORDER DATE: January 28, 2003

ORDER TIME: 1:59 PM

ORDER NO. : 909376-001

CUSTOMER NO: 7365381

CUSTOMER: Mr. William G. Fairchild

Mr. William G. Fairchild

1120 S. Harbor Drive

Venice, FL 34285

DOMESTIC FILING

NAME:

GINNYMAID, LLC

EFFECTIVE DATE:

	ARTICLES	OF	INCORPORATION			
	CERTIFICA	YTE	OF	LIMITED	PARTNERSHIP	
XX	ARTICLES	OF	ORC	GANIZATIO	N	

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

	CERTIFIED COPY	
XX	PLAIN STAMPED COPY	
	CERTIFICATE OF GOOD STANDING	

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

03 JAN 30 PM 1: 23 ARTICLE I - Name: The name of the Limited Liability Company is: BEUNLIARY OF STATE TALLAHASSEE, FLORIDA GINNYMAID, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 1120 S. HARBOR DRIVE, VENICE, FL 34285 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) <u>Tallahassee</u> City, State, 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 Deborah D. Skipper Asst. V. Pres Registered Agent's Signature (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)

GINNYMAID, LLC MANAGING MEMBERS LIST

TALL AHASSEE, FLORIDA

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03 JAN 30 PM 1: 23

WILLIAM G. FAIRCHILD VIRGINIA L. FAIRCHILD 1120 S. HARBOR DRIVE VENICE, FL 34285

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GLUKETANT OF STATE TALLAHASSEE, FLORIDA

LIMIT ED POWER OF ATTORNEY

The undersigned hereby designar is Corporation Service Company ("CSC"), a Delaware corporation qualified to do busin is in the State of Florida, as its attorney-in-fact for the limited purpose of executing on I chalf of the undersigned the original Articles of Organization of GRNNYMAID, 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 c her purpose. The power granted hereby shall be exercisable and effective upon expoution 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 filling 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 lin ited 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 30 day of

Print Name of Signer

WITNESS:

VIRGINIA 1.

Wimess

MARIELENA MAZZEO
NOTARY PUBLIC - STATE OF FLORIDA
SARASOTA COUNTY
COMMISSION #DD 028684

Name of Witness

MY COMMISSION EXPIRES JULY 6, 2005