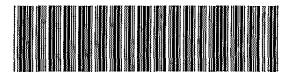
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FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

January 31, 2003

CATCO REAL ESTATE SERVICES 818 US HWY ONE, SUITE #3 NORTH PALM BEACH, FL 33408

SUBJECT: CATHRYN COMER FAMILY LLC

Ref. Number: W03000002918

We have received your document for CATHRYN COMER FAMILY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must put the name of the LLC in ARTICLE I - NAME.,

The document must contain both the street address of the principal office and the mailing address of the entity.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 503A00006575

Michelle Hodges Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

CATHRYN COMER FAMILY UC

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

ARTICLE	818 US Hwy One Swite 3 North Palm Beach I-Registered Agent, Registered Office, & Registered Agent's Signature: 33408
The name a	the Florida street address of the registered agent are:
	Cathryn Coner Friday CC
	818 US Hwy One Suite 3 Florida street address (P.O. Box NOT acceptable)
	N. PAIN Beach, FL 33408 City, State, and Zip
registered o statutes rel	eany at the place designated in this certificate, I hereby accept the appointment as ent and agree to act in this capacity. I further agree to comply with the provisions of all ing to the proper and complete performance of my duties, and I am familiar with and ligations of my position as registered agent as provided for in Chapter 608, F.S. 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.)
	Cotheyn Comer Typed or printed name of signee
-	Filing Fees: S100.00 Filing Fee for Articles of Organization
	\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)