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Florida Department of State
Division of Corporations
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From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
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LIMITED LIABILITY COMPANY

Twin M, LLC

Name Availability	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H030000911955

**ARTICLES OF ORGANIZATION
OF
TWIN M, LLC**

The undersigned hereby adopts these Articles of Organization for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act:

ARTICLE I. - NAME

The name of the limited liability company shall be TWIN M, LLC (the "Company").

ARTICLE II. - MAILING AND STREET ADDRESS

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

15641 New Hampshire Court
Fort Myers, FL 33908

ARTICLE III. - INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are as follows:

<u>Name</u>	<u>Address</u>
Judy Lynn Murray	15641 New Hampshire Court Fort Myers, FL 33908

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ARTICLE IV. - MANAGEMENT OF THE COMPANY

This Company shall be a member-managed company.

ARTICLE V. - PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the state of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VI. - DURATION

The Company shall exist from the date of filing these Articles of Organization with the Department of State and shall be dissolved upon the occurrence of any event of dissolution described in the Operating Agreement of the Company.

ARTICLE VII. - OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

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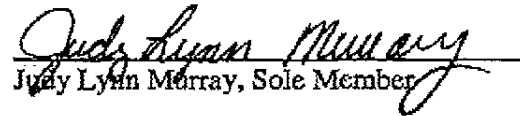
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Henderson Franklin

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IN WITNESS WHEREOF, the undersigned, being a Member of the Company, has caused these Articles of Organization to be executed as of this 25th day of March, 2003.


Judy Lynn Murray, Sole Member

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN
THE STATE OF FLORIDA.

The name of the limited liability company is: TWIN M, LLC.

The name and address of the registered agent and office is:

Judy Lynn Murray
15641 New Hampshire Court
Fort Myers, FL 33908

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.


Judy Lynn Murray, Registered Agent

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