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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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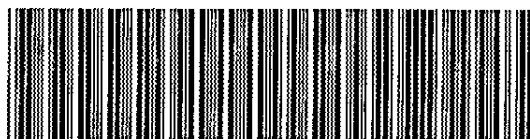
(Business Entity Name)

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[Signature]

LAW OFFICES
SHULER AND SHULER

34 FOURTH STREET

POST OFFICE DRAWER 850

APALACHICOLA, FLORIDA 32329

J. GORDON SHULER
THOMAS M. SHULER

OF COUNSEL
ALFRED O. SHULER

TELEPHONE: (850) 653-9226
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April 23, 2003

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

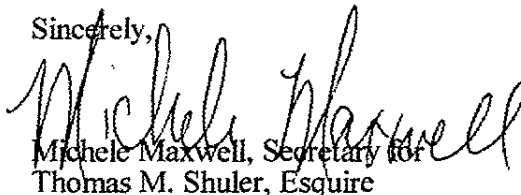
Re: K.B.S.J., LLC

Dear Sir/Madam:

Enclosed you will find the Articles of Organization for K.B.S.J., LLC. You will also find a check in the amount of \$125.00 for your filing fee.

Thank you for your attention to this, and please let me know if you need any additional information.

Sincerely,


Michele Maxwell, Secretary for
Thomas M. Shuler, Esquire

TMS:mm
Enc: As Stated

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

K.B.S.J., LLC

ARTICLE II - Address:

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

268 Highway 98, Eastpoint, FL 32328

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

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

Thomas M. Shuler

Name

34-4th Street

Florida street address (P.O. Box **NOT** acceptable)

Apalachicola, FL 32320

FL

City, State, and Zip

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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.

Thomas M. Shuler

Registered Agent's Signature

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

Thomas M. Shuler

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.)

Thomas M. Shuler

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)