



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

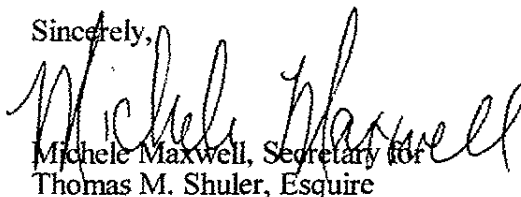
Re: K.B.S.J., LLC

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

FILED  
03 APR 28 AM 9:52  
TALLAHASSEE, FLORIDA

**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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 03 APR 28 AM 9:52  
 METEOR COUNTY CLERK  
 APALACHICOLA, FLORIDA

*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)