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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

The Crowe's Nest LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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4-30-03

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**ARTICLES OF ORGANIZATION
OF
The Crowe's Nest LLC.**

ARTICLE I NAME

The name of the limited liability company shall be: **The Crowe's Nest LLC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business of this Limited Liability Company shall be: 232 Racetrack Rd., Ft. Walton Beech, Florida 32547. The mailing address shall be: 4460 Sleepy Hammock Dr., Milton, Florida 32583

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1000 West Avenue, Suite 1114, Miami Beach, Florida 33139. Located in the County of Miami-Dade.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2043.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Jennifer Crowe, 4430 Sleepy Hammock Dr, Milton, Florida 32583
James Crowe Jr., 4430 Sleepy Hammock Dr., Milton, Florida 32583


Business Filings Incorporated, Organizer
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated
8025 Excelsior Dr., Suite 200, Madison, WI 53717
(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

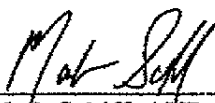
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **The Crowe's Nest LLC.**

The name and address of the registered agent and office is Business Filings Incorporated,
1000 West Avenue, Suite 1114, Miami Beach, Florida 33139. Located in the County of
Miami-Dade.

Having been named as registered agent and to accept service of process for the above
stated corporation 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.

Signature: _____



Mark Schiff, AYP
Business Filings Incorporated

Date: April 29, 2003

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TALLAHASSEE, FLORIDA

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