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Ahi Rentals Box 4634 Santa Rosa Beach, FL 32459

April 15, 2003

Attention: Florida Division of Corporations

Please see the enclosed application and filing fees. I can be reached at the following address and phone number:

James P. Caldwell 239 Amelia Lane Santa Rosa Beach, Florida 32459 850-231-1717

James P. Caldwell

DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
AHI Reutals LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: BOX 4634 SANTA ROSA BRACK FL 32459 32 RAST CR30-A St. B SANTA ROSA BRACK FL 32459
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

JASON CODE	
1	Name
1184 UNH B	Circle DR.
Florida street addres	s (P.O. Box NOT acceptable)
Defuviale Springs	FL 32435
City,	State, and Zip

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.

> 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.)

JAMES PCALDUELL 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)