

L0300000/9879

Law Offices of Mickler & Mickler  
5452 Arlington Expressway  
Jacksonville, FL 32211

(City/State/Zip/Phone #)

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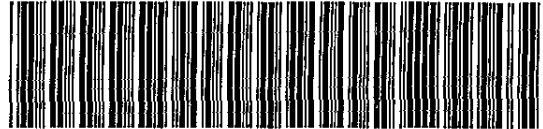
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TALLAHASSEE, FLORIDA  
CORPORATIONS

J. BRYAN JUN - 3 2003

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

The Scooter Hut. L.L.C.

## ARTICLE II - Address:

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

4059 Richmond Park Dr. E.  
Jacksonville, FL 32224-2223

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

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

Bryan K. Mickler  
Name  
5452 Arlington Exp.  
Florida street address (P.O. Box **NOT** acceptable)  
Jacksonville, FL 32211  
City, State, and Zip

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DIVISION OF CORPORATIONS  
TALLAHASSEE, 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.*

1 [Signature] 5/30/2003  
Registered Agent's Signature

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

[Signature]  
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.)

Bryan K. Mickler, Attorney for Company  
Typed or printed name of signer

### 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)