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06/27/03--01043--003 **130.00

EFFECTIVE DATE
6/28/03

FILED

03 JUN 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TUSCARORA LIMITED LIABILITY COMPANY
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Randolph Klein
(Name of Person)

W.R. Klein, P.A.
(Firm/Company)

1900 Main Street, Suite 310
(Address)

Sarasota, FL 34236
(City/State and Zip Code)

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03 JUN 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

William Randolph Klein at (941) 365-1930
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

TUSCARORA LIMITED LIABILITY COMPANY

EFFECTIVE DATE
6/23/03

ARTICLE II - ADDRESS

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

Principal Office Address

Mailing Address

7200 Gulf of Mexico Drive
Longboat Key, Florida 34228-1114

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Longboat Key, Florida 34228-1114

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TALLAHASSEE, FLORIDA

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ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

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

William Randolph Klein
W. R. Klein, P.A.
1900 Main Street, Suite 310
Sarasota, Florida 34236

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 Signature

ARTICLE IV- Manager or Managing Member

The name and address of each Manager or Managing Member is as follows:

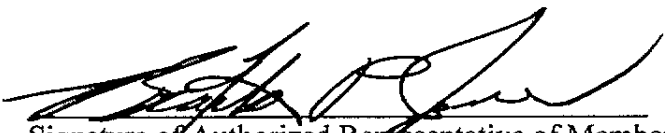
Title:	Name and Address
Manager	Harris Wainwright Jr. 7200 Gulf of Mexico Drive Longboat Key, Florida 34228-1114

ARTICLE V - EFFECTIVE DATE

The effective date of the limited liability company is:

June 23, 2003

REQUIRED SIGNATURE


Signature of Authorized Representative of Member

Braxton Jones - Authorized Representative

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUN 27 AM 8:00

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