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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

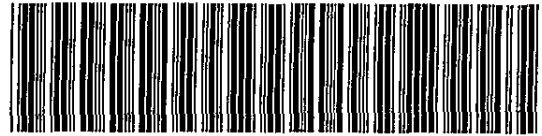
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/24/03--01037--014 **155.00

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03 JUL 24 PM 12:06
SECRETARY OF
TALLAHASSEE, FLORIDA

7/29
[Signature]

Root.

William J. Voges
President - C.E.O.
July 23, 2003

275 Clyde Morris Boulevard
Ormond Beach, Florida 32174
Tel 904 671 4910
Fax 904 671 9802

Via Federal Express
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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03 JUL 24 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Root Venture Partners, LLC

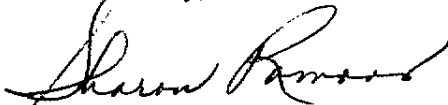
To Whom It May Concern:

Enclosed please find Transmittal Letter, Articles of Organization for Florida Limited Liability Company, and our check in the amount of \$155.00 to cover filing fees and the cost for certification.

Please proceed to record the Articles of Organization for Root Venture Partners, LLC, and send a certified copy to me at your earliest opportunity.

Thanking you in advance for your cooperation, I am,

Yours truly,



Sharon H. Romano
Legal Secretary

/shr
Enc.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Root Venture Partners, LLC
(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 J. Voges

(Name of Person)

Root Company

(Firm/Company)

275 Clyde Morris Blvd.

(Address)

Ormond Beach, FL 32174

(City/State and Zip Code)

For further information concerning this matter, please call:

Eileen Dittbenner

(Name of Person)

at (386) 671-4920

(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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Root Venture Partners, LLC

ARTICLE II - Address:

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

Principal Office Address:

275 Clyde Morris Blvd.
Ormond Beach, FL 32174

Mailing Address:

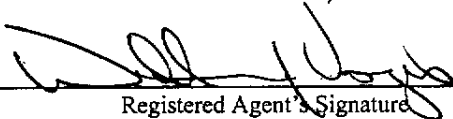
275 Clyde Morris Blvd.
Ormond Beach, FL 32174

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

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

William J. Voges
Name
275 Clyde Morris Blvd.
Florida street address (P.O. Box **NOT** acceptable)
Ormond Beach FL 32174
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

(CONTINUED)

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08 JUL 24 PM 12:07
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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

William J. Voges

275 Clyde Morris Blvd.

Ormond Beach, FL 32174

MGR

Eileen Dittbenner

275 Clyde Morris Blvd.

Ormond Beach, FL 32174

MGR

Philip Maroney

275 Clyde Morris Blvd.

Ormond Beach, FL 32174

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED 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.)

Eileen Dittbenner, Authorized Representative of Member

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)

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TALLAHASSEE, FLORIDA

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