L03000027804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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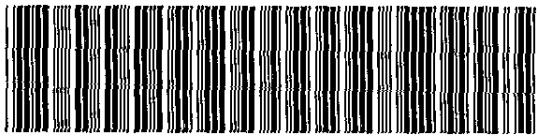

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J. BRYAN JUL 29 2003

903A-03796

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Parson Repair Service, L.L. C.
(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:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Gaylon Wayne Parson
(Name of Person)

Parson Repair Service, L.L.C.
(Firm/Company)

P.O. Box 1284
(Address)

Monticello, FL 32345
(City/State and Zip Code)

For further information concerning this matter, please call:

Gaylon Wayne Parson, "Buddy" at (850) 567-5977
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:
Parson Repair Service, L.L.C.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
Parson Repair Service	Parson Repair Service, L.L.C.
325 Government Farm Road	P.O. Box 1284
Monticello, FL 32344	Monticello, FL 32345

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

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

Gaylon Wayne Parson, "Buddy"
Name

325 Government Farm Road
Florida street address (P.O. Box **NOT** acceptable)

Monticello FL 32344
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..

Gaylon Wayne Parson
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGR	Gaylon Wayne Parson, "Buddy" P.O. Box 1284 Monticello, FL 32345
	Gaylon Wayne Parson, "Buddy"

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DIVISION OF CORPORATIONS

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Gaylon Wayne Parson

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.)

Gaylon Wayne Parson, "Buddy"

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)