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FLORIDA STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)



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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: October Property Management Group, 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:

Thomas Dyson

(Name of Person)

October Property Management Group, LLC

(Firm/Company)

P.O.Box 62232

(Address)

Fort Myers, FL 33906

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Dyson

(Name of Person)

at (239) 938-0222

(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:

OCTOBER PROPERTY MANAGEMENT GROUP, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

7985 Tiger Palm Way

Fort Myers, FL 33912

Mailing Address:

P.O.Box 62232

Fort Myers, FL 33906

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

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

Thomas Dyson

Name

7985 Tiger Palm Way

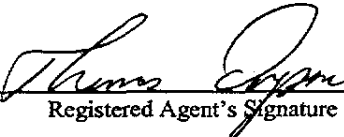
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers

FL 33912

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)

ARTICLE IV- Manager(s) or Managing Member(s):

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Thomas Dyson

7985 Tiger Palm Way

Fort Myers, FL 33912

MGRM

Christopher Dyson

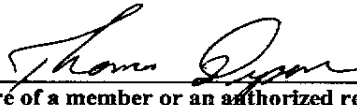
60 Witek Street

Uxbridge, MA 01569

(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.)

THOMAS DYSON

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)

ARTICLE IV EFFECTIVE DATE : AUGUST 1, 2003