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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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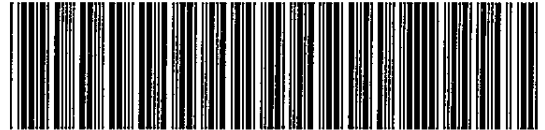
(Business Entity Name)

(Document Number)

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DAVID A. WILSON

ATTORNEY AT LAW

1409 N.E. 22ND AVENUE ♦ OCALA, FLORIDA 34470

TELEPHONE (352) 629-4466

FACSIMILE (352) 732-6469

August 4, 2003

Division of Corporations
Room 2001
The Capitol
Tallahassee, Florida 32301

Re: Equity Risk Management, L.C.
Our File No. 03.021

To Whom It May Concern:

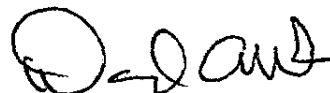
Enclosed herewith please find the following:

1. Original Articles of Organization in regard to the above-referenced limited liability company.
2. Copy for certification.
3. A check in the amount of \$125.00 payable to the Secretary of State is enclosed.

Please file the enclosed Articles of Organization and return to me a certified copy of same.

Should you have any questions, please do not hesitate to call.

Sincerely,


David A. Wilson, Esquire

Enclosures

03 AUG 12 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ARTICLES OF ORGANIZATION
for

Equity Risk Management, L.C.
Florida Limited Liability Company

ARTICLE I
NAME

The name of the Limited Liability Company is: Equity Risk Management, L.C.

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 2303 S.E. 17th Street, Suite 205, Ocala, Florida 34471.

ARTICLE III
DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by a manager or managers and the names and address of such manager who is to serve as manager is:

Wesley Butler 2303 S.E. 17th Street, Suite 205, Ocala, FL 34471

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00100-5 001210
NOTARY PUBLIC
WESLEY BUTLER
FLA ID#

ARTICLE V
ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be on a unanimous written consent of the members.

ARTICLE VI
MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member of the limited liability company shall be upon the vote of a majority of the surviving or remaining members.

IN WITNESS WHEREOF, the undersigned members have executed these Articles of Organization this 1st day of August, 2003.



Wesley Butler
2303 S.E. 17th Street, Suite 205, Ocala, FL 34471



Steve Westgate
2303 S.E. 17th Street, Suite 205, Ocala, FL 34471

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03 AUG 15 PM 2:15
CLERK OF DISTRICT COURT
FLORIDA

STATE OF FLORIDA
COUNTY OF MARION}

BEFORE ME, a Notary Public, authorized to take acknowledgments in the State and County set forth above, personally appeared before me Wesley Butler, known to me and known by me to be the person who executed the foregoing Articles of Organization, who took an oath, and he acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 1st day of August, 2003.

Donna Corbin Hightower
NOTARY PUBLIC - STATE OF FLORIDA
My Commission Expires:

STATE OF FLORIDA
COUNTY OF MARION}



Donna Corbin Hightower
My Commission DD118201
Expires May 12, 2006

BEFORE ME, a Notary Public, authorized to take acknowledgments in the State and County set forth above, personally appeared before me Steve Westgate known to me and known by me to be the person who executed the foregoing Articles of Organization, who took an oath, and he acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 1st day of August, 2003.

Donna Corbin Hightower
NOTARY PUBLIC - STATE OF FLORIDA
My Commission Expires:



Donna Corbin Hightower
My Commission DD118201
Expires May 12, 2006

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: EQUITY RISK MANAGEMENT, L.C.
2. The name and address of the registered agent and office is: DAVID A. WILSON, ESQUIRE, 1409 N.E. 22nd Avenue, Ocala, Florida 34470.

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 agreed 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 obligation of my position as registered agent.

Date: 8-1-2003



DAVID A. WILSON, ESQUIRE
1409 N.E. 22nd Avenue
Ocala, Florida 34470
(352) 629-4466
Registered Agent for EQUITY RISK
MANAGEMENT, L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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