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(Address)	_
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(Document Number)	
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DIVISION OF CORPERATIONS

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15 August 2003

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations:

Enclosed are the completed forms required to form a Florida Limited Liability Company, plus a check for the filing fees.

The name of the Limited Liability Company being formed is Uniquely Florida Properties LLC.

If There Are Any Questions Please Call

Peter F. Smith-

380 S. Industrial Drive Orange City, FL 32763

(386) 775-9100

(407) 832-3706 - cell

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TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: Uniquely Florida (Name of Lin	Properties, LLC nited Liability Company)		
The enclosed Articles of Organization and for	èe(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Peter F. Smith (Name of Person)		••• , ,	
Uniquely Florida, Inc. (Firm/Company)		03 AUG 18 PM 3. 93	in signed Alil
380 South Industrial D (Address)	rive	ر ا ا	્ય ગ 05
Orange City, FL 3276	3		
(City/State and Zip Code)			
For further information concerning this matt	ter, please call:		
Peter F. Smith (Name of Person)	_ at (<u>386</u>) <u>775-9100</u> (Area Code & Daytime Telephone N	umber)	
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: Uniquely Florida Properties LLC

ARTICLE II - Address:

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

Principal Office Add	iress:
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Ma	iling	Add	ress:

380 South	Industr	<u>ial Driv</u>	<i>т</i> е_
Orange Ci	ty, FL	32763	

380 South Industrial Drive Orange City, FL 32763

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

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

Peter F. Smith

Name

659 Fort Florida Point Road

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

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Peter F. Smith 659 Fort Florida Point Road DeBary, FL 32713-9709
(Use attachment if necessary) NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	and the same of th
(In accordance with sect of this document constituted that the facts stated here	for an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in are true.) Smith ed 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)