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From:

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Account Number : I20000000075 Phone

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LIMITED LIABILITY COMPANY

OWINGS CONSTRUCTION, LLC

Certificate of Status	0
Certified Copy	1
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AVISION OF CONFORATION

ARTICLES OF ORGANIZATION

OF

OWINGS CONSTRUCTION, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE 1 - NAME:

The name of the limited liability company shall be:

OWINGS CONSTRUCTION, LLC ("company")

ARTICLE II – ADDRESS:

The mailing address and street address of the principal office of the company shall be:

> 7821 N. LEEWYNN DR. SARASOTA, FL 34240

ARTICLE III – REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is:

> **NEWTON OWINGS** 7821 N. LEEWYNN DR. SARASOTA, FL 34240

Having been named as the 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

ARTICLE IV - MANAGEMENT (Check box if applicable.)

The limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(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.)

IN WITNESS WHEREOF, the undersigned organizer has made, and subscribed these articles of organization in Sarasota, Florida, on this /2th day of September, 2003.

Member

STATE OF FLORIDA COUNTY OF SARASOTA

Sworn to and subscribed before me this 12th day of September, 2003, by NEWTON OWINGS.

Public - State of Florida

Personally Known

Identification Produced

FL. Drivers License

(Seal)

JOY A. SCHIERER MY COMMISSION # DD 125039 EXPIRES: September 27, 2003 Bonded Thru Pichard Insurance Agency