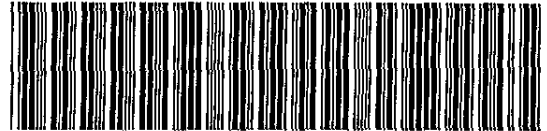


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CLERK OF STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUCKY DOG PROPERTIES, LLC

(Name of Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN CAYLER

(Name of Person)

(Firm/Company)

99 CENTRAL AVENUE

(Address)

ORMOND BEACH, FLORIDA 32174

(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN CAYLER

(Name of Person)

at (386) 671-0770

(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:

LUCKY DOG PROPERTIES, LLC

ARTICLE II - Address:

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

Principal Office Address:

99 CENTRAL AVE

ORMOND BEACH

FLORIDA 32174

Mailing Address:

99 CENTRAL AVE

ORMOND BEACH

FLORIDA 32174

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

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

KEVIN CAYLER

Name

99 CENTRAL AVENUE


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

ORMOND BEACH

FLORIDA 32174

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, Florida Statutes..



Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

KEVIN CAYLER

99 CENTRAL AVE, ORMOND BEACH
FLORIDA 32174

MGRM

SALLY CAYLER

99 CENTRAL AVE, ORMOND BEACH
FLORIDA 32174

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TALLAHASSEE, FLORIDA

ARTICLE V - Effective Date:

The effective date for this Limited Liability Company is: **October 17, 2003**

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.)

KEVIN CAYLER

Typed or printed name of signee