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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**LIMITED LIABILITY COMPANY**

**WILLIAM M. BRACEWELL, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 01       |
| Estimated Charge      | \$155.00 |

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11-17-03

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**  
(Pursuant to s.608.407, Florida Statutes)

**ARTICLE I - NAME**

The name of the Limited Liability Company is: William M. Bracewell, LLC

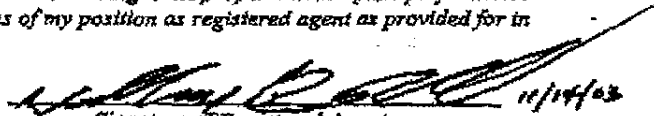
**ARTICLE II - ADDRESS**

The mailing and street address of the principal office is: 15900 Phillip Road  
Odessa, FL 33550

**ARTICLE III - REGISTERED AGENT**

The name and address of the registered agent are: William M. Bracewell  
15900 Phillip Road  
Odessa, FL 33550

*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.*

  
Signature of Registered Agent 11/14/03

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by the members and the name and address of the managing member is:

William M. Bracewell  
15900 Phillip Road  
Odessa, FL 33550

*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 within are true.*

  
Signature of Member/Manager 11/14/03

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