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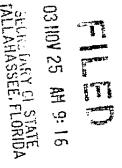
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J. BRYAN NOV 2 5 2003

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gator's splicing LLC. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Harry Handley Jr (Name of Person)
(Name of Person) (Firm/Company)
(Firm/Company)
P.O. Box 282 (Address)
Homerville GA 3/634 (City/State and Zip Code)
For further information concerning this matter, please call:
Harry Handley Jr at (229) 548-5100 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Registration Section

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 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:

(sator's splitting L.L.C.

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
505 Dickson st Homerville GA 3/634	505 Dickson St Hanerville GA 3/634
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature
The name and the Florida street address of the registered	agent are:
SAM Bloynd Name	
324 Old, Mag nolice Florida street address (P.O. Box NO	
Crawfordville	32.32.7 <u> </u>

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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	,
MGRM	Harry Hundley Iv
■ And And ■	Homerville GA 3/634
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	FLORE TO STATE OF THE STATE OF
(Use attachment if necessary)	Pr.
NOTE: An additional article must be	oe added if an effective date is requested.
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.)

Typed 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)