

L030000047927

(Requestor's Name)

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(City/State/Zip/Phone #)

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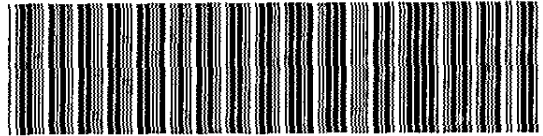
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DIVISION OF CORPORATION
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03 NOV 25 AM 9:25
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1600 Capital Circle, LLC
(Name of Limited Liability Company)

03 NOV 25 AM 9:25
FILED
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:

Wm. Scott Lindsey
(Name of Person)

Boyd, Lindsey & Sliger, P.A.
(Firm/Company)

1407 Piedmont Drive East
(Address)

Tallahassee, Florida 32308
(City/State and Zip Code)

For further information concerning this matter, please call:

Victoria Liethen at (850) 386-2171
(Name of Person) (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
OF
1600 CAPITAL CIRCLE, LLC**

03 NOV 25 AM 9:25
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned individual, acting as the authorized representative of a member, under the provisions of Chapter 608, Florida Statutes, adopts the following Articles of Organization:

ARTICLE I

Name

The name of this Limited Liability Company shall be **1600 CAPITAL CIRCLE, LLC**.

ARTICLE II

Principal Place of Business and Mailing Address

The principal place of business and mailing address of the Limited Liability Company shall be 226 North Duval Street, Tallahassee, Florida 32301.

ARTICLE III

Duration

The period of duration for the Limited Liability Company shall be perpetual, unless terminated by other provisions of these Articles of Organization, or the Limited Liability Company's Operating Agreement.

ARTICLE IV

Management

The Limited Liability Company is to be managed by its managing member as set forth in its Operating Agreement. The name and address of the managing member is:

Name
James M. Rudnick

Address
226 North Duval Street
Tallahassee, Florida 32301

ARTICLE V

Admission of Additional Members

Members of the Limited Liability Company may admit additional members, but only upon the unanimous approval of the existing members of the Limited Liability Company.

ARTICLE VI

Transfer of Member's Interest

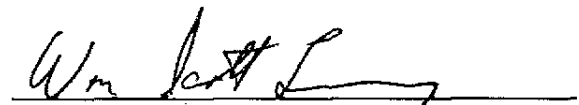
The transfer of any member's interest in the Limited Liability Company, whether to an existing member or a non-member, requires unanimous approval of all members of the Limited Liability Company.

ARTICLE VII

Name and Address of Registered Agent

The name and address of the Registered Agent of the Limited Liability Company shall be Wm. Scott Lindsey, and his address is 1407 Piedmont Drive East, Tallahassee, Florida 32308.

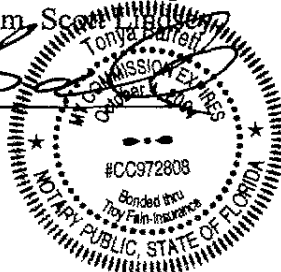
IN WITNESS WHEREOF, the undersigned, the authorized representative of a member of this Limited Liability Company, executes these Articles of Organization and certifies to the truth of the facts herein stated in the State of Florida, this 24th day of November, 2003.


Wm. Scott Lindsey,
Authorized Representative Of A Member

State of Florida
County of Leon

The foregoing Articles of Organization were acknowledged before me this 24 day of November, 2003, by Wm. Scott Lindsey.


Notary Public




**CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is 1600 CAPITAL CIRCLE, LLC.
2. The name and address of the registered agent and office is:

Wm. Scott Lindsey
1407 Piedmont Drive East
Tallahassee, Florida 32308

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 OF 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.



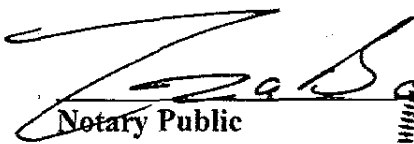
Signature

11/24/03

Date

State of Florida
County of Leon

The foregoing Certificate of Designation of Registered Agent / Office was acknowledged before me this 24 day of November, 2003, by Wm. Scott Lindsey.



Notary Public

