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Office Use Only

December 1, 2003

TO: REGISTRATION SECTION

DIVISION OF CORPORATIONS

SUBJECT: GARY D SHAFAR, LLC.

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

Please return all correspondence concerning this matter to the following:

GARY D SHAFAR, LLC 397 S. PINE AVENUE OVIEDO, FL 32765

for further information concerning this matter, please call:

GARY D SHAFAR 407-359-1659

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - NAME:

The name of the Limited Liability Company is:

GARY D SHAFAR, LLC

#### ARTICLE II – ADDRESS:

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

Principal Office Address:

Mailing Address

397 S. PINE AVENUE OVIEDO, FL 32765 397 S.. PINE AVENUE OVIEDO, FL 32765

ARTICLE III - Registered agent, Registered Office, \$ Registered Agent's Signature: The name and the Florida street address of the registered agent are:

GARY D SHAFAR 397 S. PINE AVENUE OVIEDO, FL 32765 CHAISION OF CORPORATION

OR UPC -3 AM 10: 19

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 Status.

Signature

### ARTICLE IV – MANAGER

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

TITLE

NAME and ADDRESS

MGR

GARY D SHAFAR 397 S. PINE AVENUE OVIEDO, FL 32765

Signature\_

(In accordance with section 608.40%.(3), Florida Statue, the execution of this document constitutes an affirmation under penalties of perjury that the facts state herein are true.

GARY D SHAFAR

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