

L030000053035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN DEC 16 2003

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2003 DEC -8 PM 5:07
DOW JONAS CORPORATION'S
TALLAHASSEE, FLORIDA

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
2003 DEC -8 PM 5:07
DIV. OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

318 SOUTH J 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:

1102 NORTH A STREET
LAKE WORTH, FLA. 33460

Mailing Address:

P.O. Box 789
Lake Worth, FL 33460

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

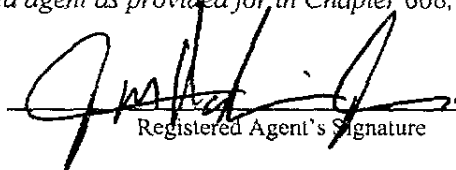
The name and the Florida street address of the registered agent are:

JAMES M. HOPKINS JR.
Name

1102 NORTH A STREET
Florida street address (P.O. Box NOT acceptable)

LAKE WORTH, FLORIDA 33460
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:

MGR

JAMES M. HOPKINS JR.
1102 NORTH A STREET
LAKE WORTH, FLA. 33460

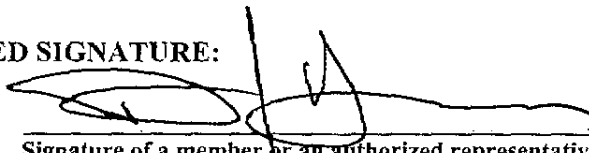
MGR

DOUGLAS J. HOPKINS
260 OHIO RD.
LAKE WORTH FLORIDA 33467

(Use attachment if necessary)

NOTE: An additional article must be 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.)

DOUGLAS J. HOPKINS
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)