

ACCOUNT FILING COVER SHEET

Account Number: 0721-00000-307

Reference:
(Sub Account)

115

Date:

1-9

Requestor Name: **Attorneys' Title Insurance Fund, Inc.**
Address: **1965 Capital Circle NE**
Tallahassee, Florida 32308
Telephone: **850-222-2785**
Contact: **Barbara Keys**

Corporation
Name:

E.S.T. L.L.C

Document
Number:
(If Applicable)

Authorization:

Barbara Keys

Certified Copy (1-9)
 Certificate of Status (1-9)
 Plain Stamped Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

04 JAN 12 PM 4:20
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
GSD, L.L.C.

THE UNDERSIGNED certifies they intend to form a limited liability company under the laws of the State of Florida and hereby declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

ARTICLE I
NAME

The name of the limited liability company (the "Company") shall be **GSD, L.L.C.**

ARTICLE II
ADDRESS

The mailing and street address of the Company's principal office is:

3874 High Shoals
Norcross, Georgia 30092

ARTICLE III
PURPOSES

The general nature of the business or businesses to be transacted and which the Company is authorized to transact shall be as follows:

- A. To engage in any activity or business authorized under the Florida Statutes including, but not limited to, the investment, purchase, sale, ownership, operation and management of real estate and all matters incidental and related thereto.
- B. In general, to carry on any and all incidental business; to have and exercise all the powers conferred by the laws of the state of Florida, and to do any and all things herein set forth to the same extend as a natural person might or could do.

ARTICLE IV
DURATION

The duration for the Company is perpetual.

ARTICLE V
REGISTERED AGENT AND OFFICE

The name of the Company's initial registered agent in Florida is **MICHAEL J. VOLPE, Esquire** and the address of the Company's registered agent in Florida is c/o **ROBINS, KAPLAN, MILLER & CIRESI, L.L.P.** 711 Fifth Avenue South, Naples, Suite 201, Florida 34102.

ARTICLE VI
MANAGEMENT

The Company is to be managed by the members. The name and address of the initial Managers who are to serve as Managers are **WILLIAM A. BOUCHER**, whose address is 3874 High Shoals, Norcross, Georgia 30092 and **JOHN T. KEISER**, Post Office Box 1665, Decatur, Georgia 30031.

ARTICLE VII
ADMISSION OF NEW MEMBERS

Members of the Company have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of the contribution by new members at the time the new members are admitted.

ARTICLE VIII
CONTINUATION OF BUSINESS OPERATIONS

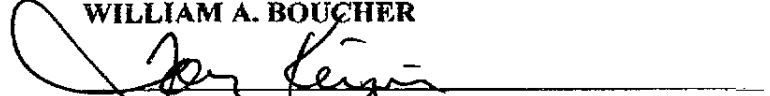
The Company may continue its business operations upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in a limited liability Company only upon the unanimous approval of the remaining members.

ARTICLE IX
TRANSFERABILITY OF MEMBER'S INTEREST

A member's interest in the Company shall not be transferred unless the transfer is approved by the members in accordance with the Company's Regulations.

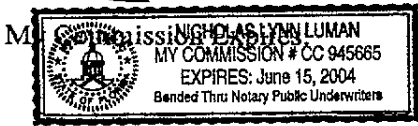
IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization this 2 day of Jan, 2004.


WILLIAM A. BOUCHER


JOHN T. KEISER

FLORIDA
STATE OF GEORGIA
COUNTY OF BAY

The foregoing instrument was acknowledged before me this 2nd day of JAN, 2004, by **WILLIAM A. BOUCHER** who (is personally known to me) (has produced a driver's license/picture identification) and did/did not take an oath.

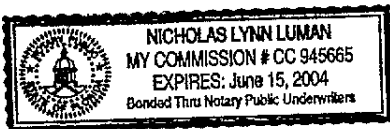


Nicholas Lynn Luman
NOTARY PUBLIC (SEAL)
NICHOLAS LYNN LUMAN
Typed or printed name

STATE OF ~~GEORGIA~~ FLORIDA
COUNTY OF BAY

The foregoing instrument was acknowledged before me this 2nd day of JAN, 2004, by **JOHN T. KEISER** who (is personally known to me) (has produced a driver's license/picture identification) and did/did not take an oath.

My Commission Expires:



Nicholas Lynn Luman
NOTARY PUBLIC (SEAL)
NICHOLAS LYNN LUMAN
Typed or printed name

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

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the Registered Agent/Registered Office in the State of Florida.

1. The name of the limited liability company is: **GSD, L.L.C.**
2. The name and address of the Registered Agent and office is:

**MICHAEL J. VOLPE, ESQUIRE
ROBINS, KAPLAN, MILLER & CIRESI, L.L.P.
711 Fifth Avenue South, Suite 201
Naples, Florida 34103**

Having been named as Registered Agent 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.

Dated this 7th day of January, 2004.



MICHAEL J. VOLPE, Esquire

This instrument prepared by:

**MICHAEL J. VOLPE, ESQUIRE
ROBINS, KAPLAN, MILLER & CIRESI, L.L.P.
711 Fifth Avenue South, Suite 201
Naples, Florida 34102**