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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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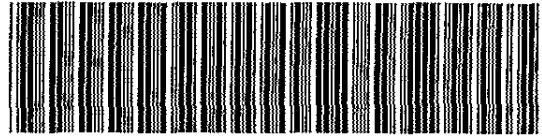
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JAN 20 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P.R. ROWTHORN, L.L.C.
(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:

PERCY R. ROWTHORN
(Name of Person)

P.R. ROWTHORN, L.L.C.
(Firm/Company)

5544 WEST NOBIS CIRCLE
(Address)

HOMOSASSA, FLORIDA 34448
(City/State and Zip Code)

For further information concerning this matter, please call:

LEGACY DOCUMENT SERVICE at (352) 621-3199
(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

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2009 JAN 12 PM 4:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2004 JAN 12 PM 4:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

P.R. ROWTHORN, 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:

5544 WEST NOBIS CIRCLE

HOMOSASSA, FLORIDA 34448

Mailing Address:

5544 WEST NOBIS CIRCLE

HOMOSASSA, FLORIDA 34448

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

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

P.R. ROWTHORN

Name

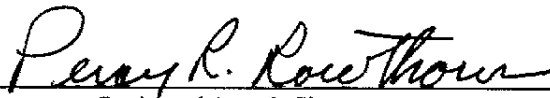
5544 WEST NOBIS CIRCLE HOMOSASSA

Florida street address (P.O. Box **NOT** acceptable)

FLORIDA 34448

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

DIRECTOR

Name and Address:

P.R. ROWTHORN

5544 WEST NOBIS CIR

Homosassa, Florida 34448

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Percy R. Rowthorn
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.)

Percy R. Rowthorn
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)