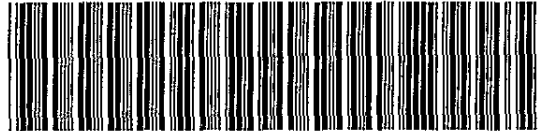
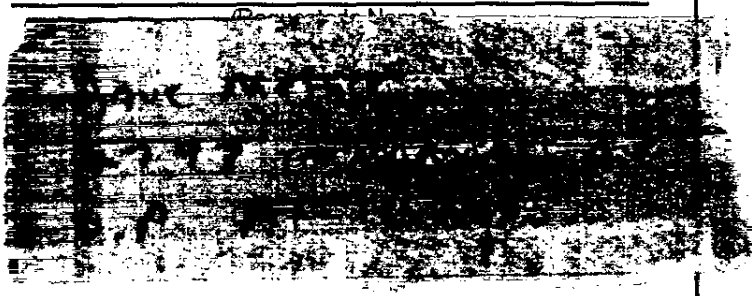


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(City/State/Zip/Phone #)

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12/29/03--01022--001 **160.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 6, 2004

DAVID MESSER
2797 COMMANNCHEE AVENUE
ORANGE PARK, FL 32065

SUBJECT: DAVE MESSER ENTERPRISES
Ref. Number: W04000000501

We have received your document for DAVE MESSER ENTERPRISES and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 904A00000626

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FAX COVER SHEET

DATE: 12-26-03

TO: Bill Franklin

FAX #: AT 850-922-1028

FROM: DAVE MESSER ENT.

FAX : 904-298-1684

NOTES: phone : 904-504-9333 - cell
or 904-272-1286

this is my stock cert.
and LLC. please call!
is this correct

THANK YOU

Dave Messer
Paul J. Messer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAVE MESSER Enterprises
(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:

David L. Messer
(Name of Person)

DAVE MESSER Enterprises
(Firm/Company)

2797 COMMANCHEE AVE
(Address)

ORANGE PARK FL. 32065
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVE MESSER at (904) 564-9333
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dave Messer Enterprises, 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:

2797 commanchee
AVE. orange park
FL. 32065

Mailing Address:

2797 commanchee
AVE. orange park
FL. 32065

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

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

Kelly S. Messer
Name

2797 commanchee Ave
Florida street address (P.O. Box **NOT** acceptable)

ORANGE PARK FLORIDA 32065
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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..

Kelly S. Messer
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

MGR

Name and Address:

DAVID L. MESSER
2797 Commander
Ave. Orange Park
FL 32065

(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.)

DAVID L. MESSER

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)