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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

orion k. development, l.l.c.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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DIVISION OF CORPORATION

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STATE OF FLORIDA
ARTICLES OF ORGANIZATION
OF

ORION K. DEVELOPMENT, L.L.C.

The undersigned, acting as organizers of an limited liability company under the Florida Statutes, s. 608.407, adopt the following Articles of Organization:

FIRST: The name of the limited liability company is:

ORION K. DEVELOPMENT, L.L.C.

SECOND: The period of its duration is perpetual.

THIRD: The mailing address and street address of the principal office of the limited liability company shall be:

P.O. BOX 452, PAXTON, FL 32538

FOURTH: The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

MICHAEL KORLESKI MGRM
P.O. BOX 452, PAXTON, FL 32538

THOMAS HOPCRAFT, MGRM
242 STENCIL LANE, MOUNT AIRY, NC 27030

FIFTH: The undersigned member or authorized representative of a member of ORION K. DEVELOPMENT, L.L.C. certifies:

- 1) the above named limited liability company has a least one member;
- 2) the total amount of cash contributed by the member(s) is \$ _____;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____;

(A description of the property is attached and made a part hereto.); and

Prepared by Christine Jacobsen
Southeast Accounting & Tax Services, Inc.
713 East Atlantic Blvd, Pompano Beach, FL 33060
954-941-7328

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4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is 300

[Signature]
Signature of a member(s) or an authorized representative of a member(s)

MICHAEL KORLESKI

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

[Signature]
MICHAEL KORLESKI

[Signature]
THOMAS HOPCRAFT

Dated: 1-5- 2004

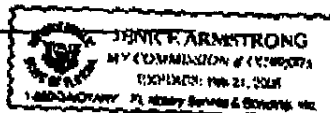
State of: Florida
County of: Walters

The foregoing instrument was acknowledged before me this 5 day of Jan, 2004 by Michael Korleski

[Signature]
Notary Public

Personally Known ✓ OR Produced Identification

Type of Identification Produced



Prepared by: Christine Jacobsen
Southeast Accounting & Tax Services, Inc.
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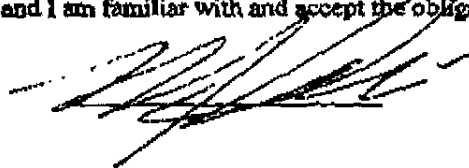
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is ORION K. DEVELOPMENT, L.L.C.
2. The name and the Florida street address of the registered agent are:

MICHAEL KORLESKI
20702 HIGHWAY 331 NORTH, PAXTON, FL. 32538

MICHAEL KORLESKI, 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.



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APPROVED
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Prepared by: Christine Jacobsen
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