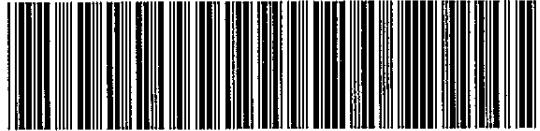


L04000006522



300027488433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

01/26/04 -01002--005 *125.00

FILED
04 JAN 26 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 JAN 26 AM 8:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer:

Call when ready
980-1680

Office Use Only

BZK

1

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Titus Alcorn, LLC
(Name of Limited Liability Company)

04 JAN 26 PM 1:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron Titus Alcorn
(Name of Person)

Titus Alcorn, LLC
(Firm/Company)

1118 Rosewood Dr.
(Address)

Tallahassee, FL 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

Titus Alcorn at (850) 980-1680
(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

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

04 JAN 26 PM 1:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Titus Alcorn, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1118 Rosewood Dr.
Tallahassee, FL
32301

Mailing Address:

1118 Rosewood Dr.
Tallahassee, FL
32301

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

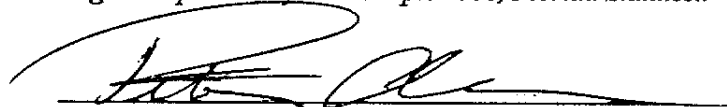
The name and the Florida street address of the registered agent are:

Titus Alcorn
Name

1118 Rosewood Dr.
Florida street address (P.O. Box NOT acceptable)

Tallahassee FLORIDA 32301
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:

MGRM

Titus Alcorn
118 Rosewood Dr.
Tallahassee, FL 32301

MGRM

Kathleen Alcorn
118 Rosewood Dr.
Tallahassee, FL 32301

~~_____

_____~~

(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.)

Aaron Titus Alcorn
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)