

L04000010184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

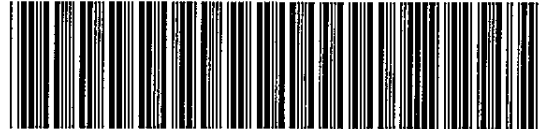
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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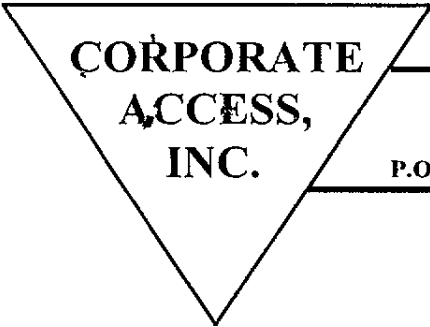
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DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA



236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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TALLAHASSEE, FLORIDA

CERTIFIED COPY _____

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FILING LLC _____

1.) Mo Harkins, L.L.C.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

04 FEB -6 AM 10:53
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

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.

ARTICLE I - NAME

The name of this Limited Liability Company shall be "MO HARKINS, L.L.C."

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 2548 Stoneview Road, Orlando, Florida 32806.

ARTICLE III - MANAGEMENT


The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The initial managing member is Matthew W. Harkins.

ARTICLE IV

REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the registered agent is Matthew W. Harkins, 2548 Stoneview Road, Orlando, Florida 32806. 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, F.S.

Dated this 5th day of February, 2004.


Matthew W. Harkins, Member and
Registered Agent

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing Articles of Organization were acknowledged before me this 5th day of February, 2004, by MATTHEW W. HARKINS. Said person did not take an oath and (check one) is personally known to me, or produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.

Maria N. Clark
Print Name: MARIA N. CLARK
Notary Public, State of Florida
My Commission Expires: 12-9-04
Commission Number: CC 984655

MARIA N. CLARK
Notary Public, State of Florida
My comm. exp. Dec. 9, 2004
Comm. No. CC 984655