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Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : 120010000247

Phone : (305) 674-3313

Fax Number : (305) 675-2811

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Timothy MacMurtrie LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

Timothy MacMurtrie LLC

ARTICLE II: Address

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

4240 Ewell Street

Pace, Florida 32571

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Timothy MacMurtrie

4240 Ewell Street

Pace, Florida 32571

Having been named as registered agent 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.



Timothy MacMurtrie / Registered Agent's Signature

APPROVED
AND
FILED
04 FEB - 6 PM 2004
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

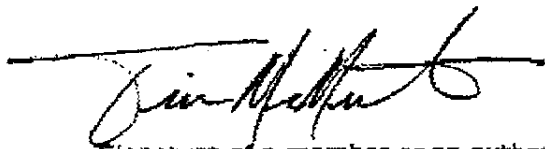
ARTICLE VI: MANAGERS (optional)

Manager

Timothy MacMurtrie

4240 Ewell Street

Pace, Florida 32571



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.)

Timothy MacMurtrie

Typed or printed name of signer

APPROVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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