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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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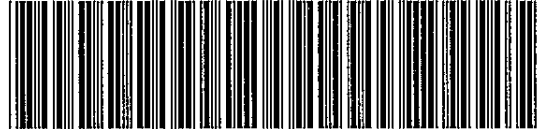
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN FEB 13 2004



ACCOUNT NO. : 072100000032

REFERENCE : 437292 7420004

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : February 12, 2004

ORDER TIME : 1:24 PM

ORDER NO. : 437292-005

CUSTOMER NO: 7420004

CUSTOMER: Ms. Candice L. Everhart
Ms. Candice L. Everhart

P.o. Box 205

Jupiter, FL 33468-0205

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TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: CANDICE EVERHART & ASSOCIATES,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
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JUDICIAL CLERK OF COURTS
TALLAHASSEE, FLORIDA

Article I - Name:

The name of the Limited Liability Company is: CANDICE EVERHART & ASSOCIATES, LLC

Article II - Address:

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

Principal Office Address

825 Center Street #4-C
Jupiter, FL 33458

Mailing Address:

P. O. Box 205
Jupiter, FL 33468-0205

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

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

Candice L. Everhart
825 Center Street #4-C
Jupiter, FL 33458

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

Candice L. Everhart
825 Center Street #4-C
Jupiter, FL 33458

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.)

CANDICE L. EVERHART

Typed or printed name of signee