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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Albertelli & Associates, P.L.
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Jonathan D. Sawyer
(Name of Person)

Albertelli Title, Inc.
(Firm/Company)

330 A1A N, Suite 324
(Address)

Ponte Vedra Beach, FL 32082
(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan D. Sawyer at (904) 285-1445
(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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Albertelli & Associates, P.L.

ARTICLE II - Address:

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

Principal Office Address:

330 A1A North, Suite 324

Ponte Vedra Beach, FL 32082

Mailing Address:

330 A1A North, Suite 324

Ponte Vedra Beach, FL 32082

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

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

James E. Albertelli, Esq.

Name

330 A1A North, Suite 324

Florida street address (P.O. Box **NOT** acceptable)

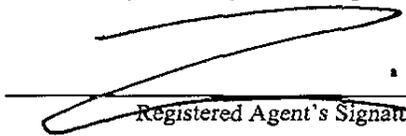
Jacksonville

FLORIDA 32082

City, State, and Zip

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TALLAHASSEE, FLORIDA

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:

MGR

James E. Albertelli, Esq.

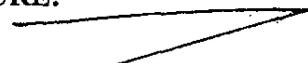
330 A1A North, Suite 324

Ponte Vedra Beach, FL 32082

(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.)

James E. Albertelli, Esq.

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)

Attachment to Albertelli & Associates, P.L. Articles of Organization:

ARTICLE V- Professional Limited Liability Company

Albertelli & Associates, P.L. is to be a Professional Limited Liability Company in the State of Florida. Albertelli & Associates, P.L. will be operating as a **law firm** providing professional legal services. Manager James E. Albertelli's Florida Bar Number is 0050059.