## L04000015462

(Requestor's Name)		
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PICK-UP WAIT MAIL		
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Return Name and Address: Jeff White 1820 E Maxwell St Pensacola, FL 32503

February 16, 2004

Address for Regular Mail:

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Fl. 32314

Address for Courier, Hand, or Express Delivery:

Department of State Division of Corporations 409 E. Gaines Street Tallahassee, Fl. 32399

Re: Articles of Organization/Original Appointment of Agent

Dear Sir:

Enclosed please find an original and one copy of Articles of Organization. Also enclosed you will find my check in the amount of \$160.00 which pays the filing fee of \$100.00, the Registered Agent fee of \$25.00, Certified Copy fee of \$30.00, and the Certificate of Status fee of \$5.00.

Please file and provide a "filed" copy to me, together with any information you commonly provide to new LLCs.

Please contact me if you require anything further. My daytime telephone number is (850) 469-9996.

With kindest regards, I am

Sincerely yours,

Digitalui

Enclosures

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Solutia Group, LLC		
ARTICLE II - Address: The mailing address and street address of the principle Company is:	ipal office of the Limited Liability	
Principal Office Address: Mail	ling Address:	
· · · · · · · · · · · · · · · · · · ·	Box 30480 sacola, FL 32503-1480	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:  Jeffrey L White Name  1820 F Maxwell St		
Jeffrey L White		
Name  1820 E Maxwell St  Florida street address (P.O. Box NOT acceptable)		
Pensacola, FL 32503 City, State, and Zip		
Having been named as registered agent and to accestated limited liability company at the place designate the appointment as registered agent and agree to a comply with the provisions of all statutes relaperformance of my duties, and I am familiar with position as registered agent as provided for in Chaper Registered Agent's Sign	ted in this certificate, I hereby accept act in this capacity. I further agree to ating to the proper and complete h and accept the obligations of my oter 608, F.S.	

Page 1 of 2 (CONTINUED)

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Article IV – Manager(s) or Managing Members(s):		
The name and address of each Manager or Managing Member is as follows:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Jeffrey L White 1820 E Maxwell St Pensacola, FL 32503	
MGRM	Luanne Fields 5441 Spruce Lane Crestview, FL 32539	
NOTE: An additional article must be added	if an effective date is requested.	
REQUIRED SIGNATURE:		
Depart lit	<i>(</i>	
Signature of a member of 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.)		
JEFFREY L WHITE	<u> </u>	
Typed or printed name of signee		
Filing Fees: \$100.00 Filing Fee for Articles of Organization		
A	411	

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)