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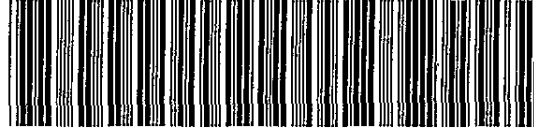
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FEB 27 2004

SIDNEY M. NOWELL, P.A.  
ATTORNEY AT LAW  
P.O. BOX 819  
1102 E. MOODY BLVD.  
BUNNELL, FL 32110

PHONE 386-437-1668

FAX: 386-586-4014

February 24, 2004

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

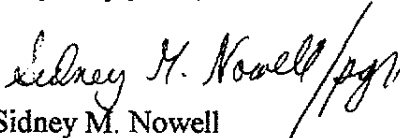
**Re: ADONAI ESTATES, L.L.C.**

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Organization in connection with the above-referenced Limited Liability Company. Also enclosed is our check in the amount of \$125.00 representing the filing fee and Designation of Registered Agent. Please return all correspondence concerning this matter to my attention at the above address.

Thank you for your assistance in this matter. If you have any questions or require additional information, please do not hesitate to give me a call.

Very truly yours,

  
Sidney M. Nowell

SMN/pgr  
Enclosures

**ARTICLES OF ORGANIZATION  
FOR  
ADONAI ESTATES, L.L.C.  
a Florida Limited Liability Company,**

FILED  
04 FEB 27 AM 10:37  
TALLAHASSEE, FLORIDA

**ARTICLE I. NAME**

The name of the Limited Liability Company is:

**ADONAI ESTATES, L.L.C.**

**ARTICLE II. ADDRESS**

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

33 Lamour Lane  
Palm Coast, FL 32137

**ARTICLE III. NATURE OF BUSINESS**

This Limited Liability Company is organized for the purpose of real estate development and related services, under the laws of the State of Florida.

**ARTICLE IV. REGISTERED AGENT**

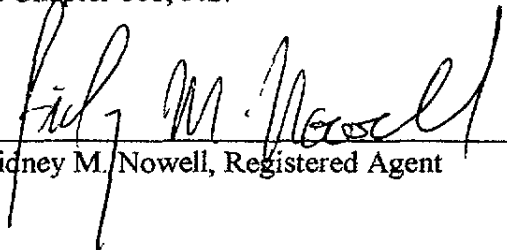
The name and address of the Registered Agent is:

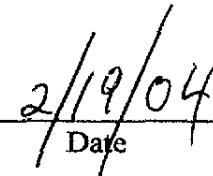
Sidney M. Nowell, Esq.  
300 N. State Street  
Bunnell, FL 32110

**DESIGNATION OF AND ACCEPTANCE  
BY REGISTERED AGENT**

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.

  
\_\_\_\_\_  
Sidney M. Nowell, Registered Agent

  
\_\_\_\_\_  
Date

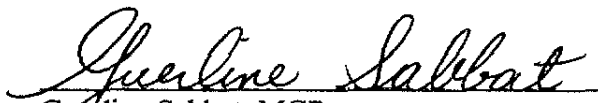
**ARTICLE V. MANAGERS OR MANAGING MEMBERS**

The names and addresses of the Managers are as follows:

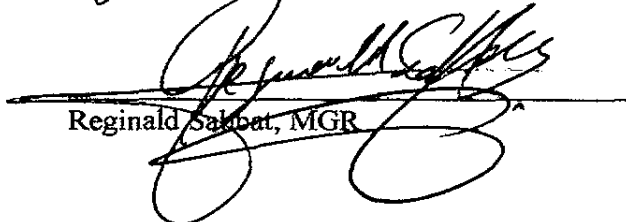
Guerline Sabbat  
33 Lamour Lane  
Palm Coast, FL 32137

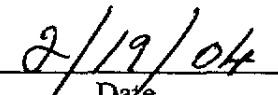
Reginald Sabbat  
33 Lamour Lane  
Palm Coast, FL 32137

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.

  
\_\_\_\_\_  
Guerline Sabbat, MGR

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Reginald Sabbat, MGR

  
\_\_\_\_\_  
Date