

LO4 000019445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

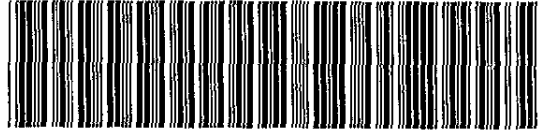
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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March 11, 2004

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CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

PS Operations, LLC

Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Retrieval Request

- Photocopy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF ORGANIZATION
OF
PS OPERATIONS, LLC
A Florida Limited Liability Company

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ARTICLE 1
NAME

The name of this Limited Liability Company is: **PS Operations, LLC.**

ARTICLE 2
DURATION

The duration of this limited liability company is perpetual from the date of commencement of the limited liability company's existence. The date and time of the commencement of the limited liability company's existence is the time of filing of the original articles of organization by the Department of State of the State of Florida.

ARTICLE 3
PRINCIPAL OFFICE AND REGISTERED AGENT

The mailing address of the principal office of the limited liability company is P.O. Box 691, DeLeon Springs, Florida 32130 and the street address of the principal office is 450 Cordova, DeLeon Springs, Florida 32130. The name and address of the initial registered agent of the limited liability company is Patricia A. Schwarze, 450 Cordova, DeLeon Springs, Florida 32130 (P.O. Box 691, DeLeon Springs, Florida 32130).

ARTICLE 4
MANAGEMENT

The Limited Liability Company shall be a manager managed company. The manager(s) shall be elected annually by the sole founding member. The manager is:

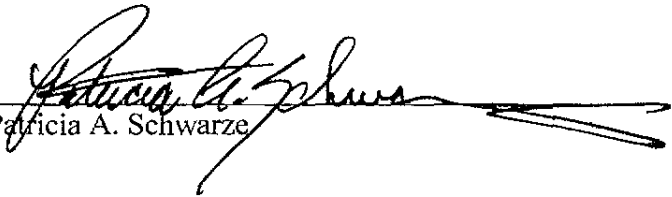
Patricia A. Schwarze
P.O. Box 691
DeLeon Springs, Florida 32130

ARTICLE 5

ADMISSION OF ADDITIONAL MEMBERS

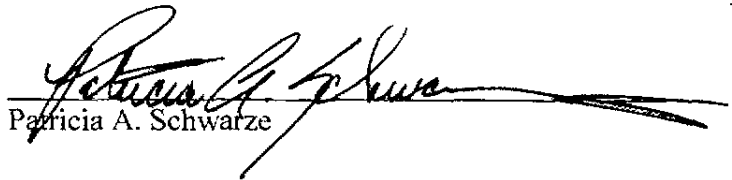
No person may be admitted as an additional member without the consent of the founding member. If such person is admitted, he or she shall be subject to obligations and limitations in an Operating Agreement of the limited liability company, as amended for the additional members.

IN WITNESS WHEREOF, the undersigned member does hereby execute and acknowledge these articles of organization this 8th day of March, 2004.


Patricia A. Schwarze

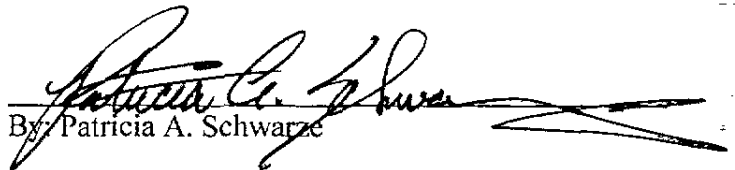
**CERTIFICATE DESIGNATING REGISTERED
AGENT AND STREET ADDRESS FOR
SERVICE OF PROCESS**

Pursuant to Section 608.415 Florida Statutes, PS Operations, LLC hereby designates Patricia A. Schwarze and 450 Cordova, DeLeon Springs, Florida 32130 as its registered agent and the street address of its registered office, respectively, for service of process within the State of Florida.


Patricia A. Schwarze

ACCEPTANCE OF DESIGNATION

The undersigned understands the obligations of and hereby accepts the foregoing designation as registered agent of PS Operations, LLC for service of process within the State of Florida.


By: Patricia A. Schwarze