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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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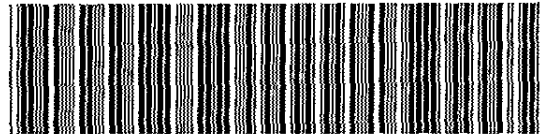
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2004 MAR 15 P 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

3/10/2004

TO: Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

SUBJECT: Lucinda Gallagher, P.L.

The enclosed Articles of Organization and fees are submitted for filing:

Please return the certified copy and all correspondences concerning this matter to:

Law Office of Tod R. Smith
150 Warren Circle
Jacksonville, Florida 32259

For further information concerning this matter, please call Tod R. Smith at (904) 217-2124.

Enclosed are an original and two (2) copies of the Articles of Organization and a check for

\$165 for the Filing Fee(\$100), Designation of Registered Agent(\$25), and a for a Certified Copy (\$30)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Company is: Lucinda L. Gallagher, P.L.

ARTICLE II

The street address of the principal office and the mailing address of the Limited Liability Company are: 1232 Creek Bend Rd., Jacksonville, FL 32259.

ARTICLE III

The specific purpose for which the Company is organized is: to engage in the practice of public accounting.

ARTICLE IV

The name and address of managing members are: Lucinda L. Gallagher, 1232 Creek Bend Rd., Jacksonville, FL 32259

ARTICLE V

The initial registered agent for the Company and the Florida street address of the registered agent are:

Name	Street Address
Lucinda L. Gallagher	1232 Creek Bend Rd. Jacksonville, FL 32259

ACCEPTANCE OF 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. If 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. The undersigned is familiar with and accepts the obligations of that position pursuant to F.S. 607.0501.

Lucinda L. Gallagher
Lucinda L. Gallagher
Registered Agent

3/2/04
Date

The undersigned has executed these articles of organization.

Lucinda L. Gallagher
(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.)

Lucinda L. Gallagher - Managing Member

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE