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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (305) 674-3313
Fax Number : (305) 675-2811

APPROVED
AND
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04 MAR 31 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Samuel J. Roe Enterprises LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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4-1-04

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

Samuel J. Roe Enterprises LLC

ARTICLE II: Address

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

1009-11 S 14th Street
Leesburg, FL 34749

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Samuel J. Roe
1009-11 S 14th Street
Leesburg, FL 34749

Having been named as registered agent 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Samuel J. Roe / Registered Agent's Signature

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ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

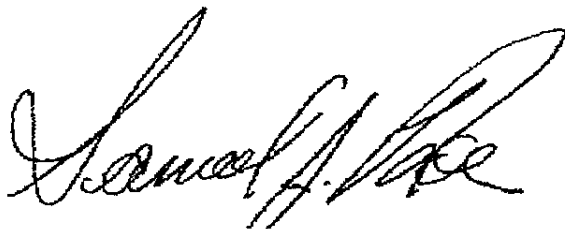
ARTICLE VI: MANAGERS (optional)

Manager:

Samuel J. Roe

P. O. Box 492436

Leesburg , Florida 34748



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.)

Samuel J. Roe

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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