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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

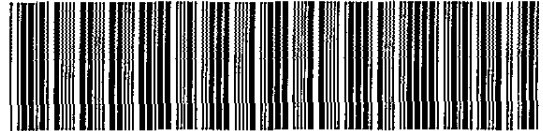
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04 MAR 29 PM 3:29

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Value Investments, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John F. Gussio, Jr.
(Name of Person)

Value Investments, LLC
(Firm/Company)

P.O. Box 2729
(Address)

Ridgeland, MS 39158-2729
(City/State and Zip Code)

For further information concerning this matter, please call:

John Gussio at (601) 605-0004
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

03/22/2004 19:13 6819258874
MAR-22-04 12:27PM FROM:Matthews and Hawkins PA
FROM :GUSSIO REALTY
03/18/04 17:51 FAX 6018577813

GUSSIO REALTY

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12003

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

VOLUME INVESTMENTS, LLC

ARTICLE II - Address:

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

Extended Office Address:

750 AVIAROCK DRIVE
BLDG. 3, SUITE 5
RIDGELAND, MS 39157

Mailing Address:

PO Box 2729
Ridgeland, MS 39158

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Dana C. Matthews
Name

4475 Legendary Drive

Florida street address (P.O. Box NOT acceptable)

Destin, FL 32541
City, State, and Zip

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 605, Florida Statutes.

[Signature]
Registered Agent's Signature

Page 1 of 2
(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

MGRM

Name and Address:

John F. Basso, Jr.

10 Southern Oaks Dr.

Clinton, MS 39056

Susan P. Basso

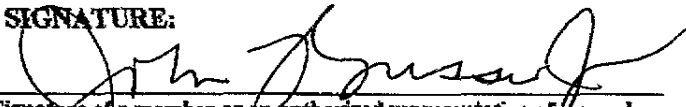
10 Southern Oaks Dr.

Clinton, MS 39056

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

John F. Basso, Jr.

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)