L04000029308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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4/16/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Manitoba Knott, 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:

James H. Medd
(Name of Person)

Manitoba Knott, LLC
(Firm/Company)

49 Becker Dr.
(Address)

North Ft. Myers, Florida 33903
(City/State and Zip Code)

For further information concerning this matter, please call:

James H. Medd at (239) 995-8252
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
MANITOBA KNOTT LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
49 Becker Dr.	49 Becker Dr.
N. Ft. Myers, FL 33903	N. Ft. Myers, FL 33903

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

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

JAMES H. MEDD
Name

49 BECKER DR.
Florida street address (P.O. Box **NOT** acceptable)

FT. MYERS FL 33903
City, State, and Zip

04 APR 12 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

4/5/04

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
manager	James H. Medd 49 Becker Dr. N. Ft. Myers, FL 33903

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

4-5-04

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.)

James H. Medd 4-5-04

Typed or printed name of signee

04 APR 12 AM 11:1[illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ART
FILE

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)