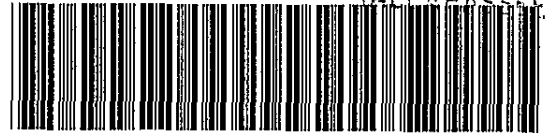


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2004 APR 15 P 3:3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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(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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ABRAHAM C. McKINNON
of
KOREY, SWEET, McKINNON, SIMPSON & VUKELJA
Attorneys and Counselors at Law
A PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS

FILED

2004 APR 15 P 3: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Robert Kit Korey, P.A.
Jeffrey C. Sweet
Noah C. McKinnon, Jr., P.A.
Scott E. Simpson, P.A.
David A. Vukelja, P.A.
Abraham C. McKinnon

Suite A, Granada Oaks Professional Building
595 West Granada Boulevard
Ormond Beach, Florida 32174
(386) 677-3431- Telephone
(386) 673-0748- Telefax

April 13, 2004

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: JenEm Enterprises, LLC

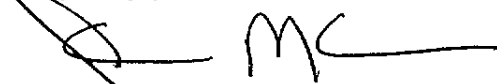
Dear Sir/Madam:

Enclosed for filing are the following documents:

1. Transmittal Letter.
2. Articles of Organization for Florida Limited Liability Company
3. Check number 1835, in the amount of \$155.00, for filing fees, Designation of Registered Agent and Certified Copy.
4. Postage paid, self addressed envelope for return of Certified Copy.

If any further information is necessary, please give me a call.

Very truly yours,



Abraham C. McKinnon, Esq.

ACM/mci
Enclosure- Check #1835

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2004 APR 15 P 3: 34

SUBJECT: JenEm Enterprises, LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Kathryn L. Godbee

(Name of Person)

JenEm Enterprises, LLC

(Firm/Company)

4489 Daugharty Road

(Address)

DeLand, Florida 32724

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathryn L. Godbee

(Name of Person)

at (386) 734-8940

(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**

FILED

2004 APR 15 P 3: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

JenEm Enterprises, LLC.

ARTICLE II - Address:

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

Principal Office Address:

304 S. Center Street

Pierson, Florida 32180

Mailing Address:

4489 Daugharty Road

DeLand, Florida 32724

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

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

Abraham C. McKinnon, Esq.

Name

595 W. Granada Blvd., Suite A

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

Ormond Beach, Florida 32174 FLORIDA

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 608, Florida Statutes..



Registered Agent's Signature

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

2004 APR 15 P 3: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Manager

Kathryn L. Godbee

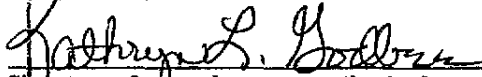
4489 Daugharty Road

DeLand, Florida 32724

(Use attachment if necessary)

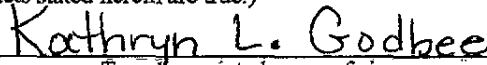
NOTE: An additional article must be added if an effective date is requested.

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.)



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)