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WEISS & GIACOMA, P.C.

ATTORNEYS AT LAW 2987 CLAIRMONT ROAD, N.E., SUITE 340 MAIN LINE (404) 320-9823 ATLANTA, GEORGIA 30329

MARY F. GIACOMA

DIRECT DIAL: (404) 320-5478

FACSIMILE: (404) 320-9827

Market Con Parious

May 4, 2004

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Conyers Caritas, LLC

Dear Sir or Madam:

Enclosed please find the following:

- 1. Transmittal Letter;
- 2. Original and one copy of Articles of Organization for Florida Limited Liability Company regarding Conyers Caritas, LLC; and
- 3. Our firm's check number 20894 made payable to the Florida Department of State in the amount of \$125.00 as the filing fee.

Please file the original Articles of Organization and return a stamped, conformed copy of the Articles of Organization in the enclosed return envelope.

If you require any additional information, please give me a call.

Sincerely,

Mary F. Giacoma

Many J. Hiscoma

/iw **Enclosures**

TRANSMITTAL LETTER

_	gistration Section		- -	•
Div	rision of Corporations			12 30 K
SUBJECT:	Conyers Caritas, LLC			The Man 1
	(Name of	Limited Liability Co	ompany)	Alas Coo Py
The enclosed	d Articles of Organization and fee	(s) are submitted for f	iling.	CC 2002 130
	Please return all corre	spondence concernin	g this matter to the followi	ng:
	Mary F. Giacoma, Esq.			
		(Name of Persor	1)	
	Weiss & Giacoma PC			
		(Firm/Company)	
2987	Clairmont Road, Suite 340			
		(Address)		
	Atlanta, Georgia 30329			<u></u>
		(City/State and Zip (Code)	
For further in	nformation concerning this matter,	please call:		
Mary F. Gia		at (_404	320.9823	
	(Name of Person)	(Area C	Code & Daytime Telephone N	umber)

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

	ARTICLES OF O	RGANIZATION	1 10 PM 1:30 PM 1:30	
		OR OF THE STATE OF	4/	
	FLORIDA LIMITED LI	IABILITY COMPANY	600	
ARTICLE I - N	ame.	Wild Co	20 /4	
	Limited Liability Company is:	36	3/2 / 3	
	, , ,	•	1777 C	
Conyers Caritas, L	LC		_ NONS	
ARTICLE II - A The mailing addr		ncipal office of the Limited Liability Compar		
Principal Office	Address:	Mailing Address:		
37 North Roscoe B	oulevard	37 North Roscoe Boulevard	_	
Ponte Vedra Beac	h, Florida 32802	Ponte Vedra Beach, Florida 32802		
ADTICLE III	Doctorood Agent Destatement	Office & Desistant A and Signature		
	E Florida street address of the re	Office, & Registered Agent's Signature: gistered agent are:		
	Hannah S. Addington			
	Name		- - · ·	
	37 North Roscoe Boulevard			
	Florida street address (P.O.	Box NOT acceptable)		
	Ponte Vedra Beach,	FLORIDA		
	City, State, an		<u>;</u>	

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..

> egistered Agent's Signature Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Might	T1241	Name and Address.	The Mark of the second
We 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	Title:	Name and Address:	1/1/2 10 0
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that the facts stated herein are true.)	of this document constitutes	an affirmation under the penalties of periury	
	that the facts stated herein a	e true.)	
	Mary F. Giacoma	r 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)