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(Address)

(City/State/Zip/Phone #)

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Monday, May 10, 2004

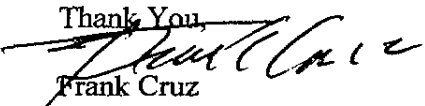
Florida Department of State  
Registration Section  
Division of Corporations

Please find my Transmittal Letter of the Articles of Organization for **101 PLUMOSUS PARK, LLC**.

Also the Check for the filing fees (\$100.00), Registered Agent (\$25.00) and certified copy (\$30.00).

If you need to contact someone about this please call: Frank Cruz or Keith Wilson 386-734-9885.

Thank You,

  
Frank Cruz

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 101 PLUMOSUS PARK, 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:

FRANK CRUZ  
(Name of Person)

SOUTHSIDE PLUMBING  
(Firm/Company)

PO BOX 157  
(Address)

LAKE HELEN, FLORIDA 32744  
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK CRUZ at ( 386 ) 734-9885  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

101 PLUMOSUS PARK, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

726 SOUTH WOODLAND BLVD

DELAND, FLORIDA 32720

**Mailing Address:**

PO BOX 157

LAKE HELEN, FLORIDA 32744

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

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

KEITH WILSON

Name

726 SOUTH WOODLAND BLVD

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

DELAND

FLORIDA 32720

City, State, and Zip

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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, 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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

FRANK CRUZ

PO BOX 157

LAKE HELEN, FLORIDA 32744

MGRM

LINDA CRUZ

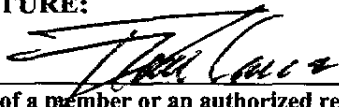
PO BOX 157

LAKE HELEN, FLORIDA 32744

(Use attachment if necessary)

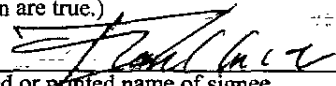
**NOTE: An additional article must be added if an effective date is requested.**

**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.)

FRANK CRUZ

  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

**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)