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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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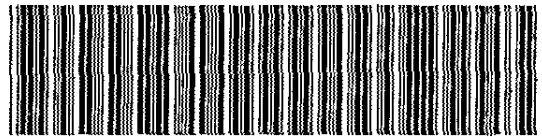
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2004 MAY 24 PM 2:09
J. BROWN CORPORATION
TALLAHASSEE, FLORIDA

J. BROWN MAY 28 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

Aviation Avenue LLC

SUBJECT: _____
(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:

Sandra D. Bennett

(Name of Person)

Provider Resources LLC

(Firm/Company)

P O Box 501170

(Address)

Malabar, FL 32950-1170

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra D. Bennett

(Name of Person)

at (**321**) **768-1088**

(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

FILED
2004 MAY 24 PM 2:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
2004 MAY 24 PM 2:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aviation Avenue LLC

ARTICLE II - Address:

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

Principal Office Address:

3695 Laurens Ave.

Valkaria, Fl 32950

Mailing Address:

P O Box 501170

Malabar, Fl 32950-1170

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

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

Sandra D. Bennett

Name

3695 Laurens Ave.

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

Valkaria, Fl 32950

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

FILED
2004 MAY 24 PM 2:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

MGR

Provider Resources LLC

P O Box 501170

Malabar, Fl 32950-1170

(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.)

Sandra D. Bennett
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)