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(Re	questor's Name)	<del></del>
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(Cit	ry/State/Zip/Phone	» #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
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## TRANSMITTAL LETTER

TRANSMITTAL LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Southern Points Investments, L.L.C. (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 A. Weatherford JR. (Name of Person)	
(Firm/Company)	
1095 Windward Ridge Pkuy Suite 170	
Alpharetta, GA 30005 (City/State and Zip Code)	

For further information concerning this matter, please call:

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

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ARTICLE I - Name:	
The name of the Limited Liability Company is:	
_ Southern Points Invest	ments, L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company
Principal Office Address:	Mailing Address:
1095 Windward Ridge Pkny Suite 170	Same
Alpharetta, GA. 30005	
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered	
Karl Bossert	<del> </del>
107 Aucila Road	
Florida street address (P.O. Box NO	T acceptable)
Cocoa Beach, FLC	ORIDA 3293/
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

Page 1 of 2 (CONTINUED)

	ging Member(s):  All All All All All All All All All Al
ARTICLE IV- Manager(s) or Mana	ging Member(s):
The name and address of each Manage	er or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Keith B. Dorminey 8490 Edwardton Drive Roswell, GA. 30076
MGRM	Herbert C. Burns III 435 Longwood Lane Alpharetta, GA. 30004
MGRM	James A. Weatherford JR. 256 River Overlook Rd Dawsonville, GA. 30534

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

REQUIRED SIGNATURE:

(Use attachment if necessary)

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)