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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

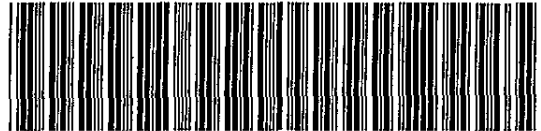
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUN - 7 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Half Century 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:

Jane R. Carter
(Name of Person)

Half Century LLC
(Firm/Company)

3000 Holiday Drive, #1203
(Address)

Fort Lauderdale, Florida
(City/State and Zip Code)

For further information concerning this matter, please call:

Jane Carter at (954) 522-8882
(Name of Person) (Area Code & Daytime Telephone Number)
920 387-5085

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Half Century LLC

ARTICLE II - Address:

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

Principal Office Address:

3000 Holiday Dr. #1203
Fort Lauderdale, FL 33316

Mailing Address:

3000 Holiday Drive, #1203
Fort Lauderdale, FL 33316

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

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

Jane R. Carter
Name

3000 Holiday Drive, #1203
Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale, FL 33316
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..

Jane R. Carter
Registered Agent's Signature

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JUDICIAL DEPARTMENT
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

Jane R. Carter
3000 Holiday Drive #1203
Fort Lauderdale, Florida 33316

MGRM

Daniel J. Carter
3000 Holiday Drive #1203
Fort Lauderdale, Florida 33316

(Use attachment if necessary)

ARTICLE V - Effective Date

Immediately or earliest possible June, 2004, date < June 1, 2004

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

(Thank you)

REQUIRED SIGNATURE:

[Signature] 05/27/04
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.)

Jane R. Carter
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)