

L04000043390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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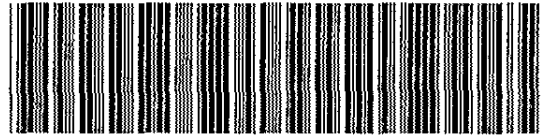
(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 731913 4130B

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 130.00

ORDER DATE : June 9, 2004

ORDER TIME : 11:52 AM

ORDER NO. : 731913-005

CUSTOMER NO: 4130B

CUSTOMER: Rubye Lockwood
Bolz & Bolz

Suite 100
5 Harvard Circle
West Palm Beach, FL 33409

DOMESTIC FILING

NAME: ARCHER ASSOCIATES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR
ARCHER ASSOCIATES, LLC
A FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Archer Associates, LLC

ARTICLE II - Address

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


103 Squire Drive
Wellington, Florida 33414

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

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

Michael I. Archer.
103 Squire Drive
Wellington, Florida 33414

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, F.S.



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

Michael I. Archer
103 Squire Drive
Wellington, Florida 33414



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.)

Michael I. Archer, Sole Member
Typed or printed name of signee