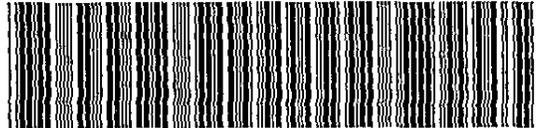


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(Requestor's Name)

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TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Graham Woods P.L.  
(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:

C. Robert Graham, Esq.  
(Name of Person)

Graham Woods P.L.  
(Firm/Company)

1510 E. Colonial Drive, Suite 303,  
(Address)

Orlando, Fl. 32803  
(City/State and Zip Code)

For further information concerning this matter, please call:

C. Robert Graham at ( 407 ) 897.1116  
(Name of Person) (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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

Graham Woods P.L.

A PROFESSIONAL LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the professional limited liability company is Graham Woods P.L..
2. **Purpose.** The purpose of this professional limited liability company may include the transaction of any and all lawful business for which professional limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the professional limited liability company is:  
  
1510 E. Colonial Drive, Suite 303, Orlando, Fl. 32803
4. **Mailing Address.** The mailing address of the professional limited liability company is:  
  
1510 E. Colonial Drive, Suite 303, Orlando, Fl. 32803
5. **Management.** The professional limited liability company is to be managed by one or more members and is, therefore, a member-managed company. The name and address of each Managing Member is:  
C. Robert Graham, Esq., 1510 E. Colonial Drive, Suite 303, Orlando, Fl. 32803 (MGRM)  
Tom Woods, Esq. 1510 E. Colonial Drive, Suite 303, Orlando, Fl. 32803 (MGRM)
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:  
  
C. Robert Graham, Esq.  
1510 E. Colonial Drive, Suite 303  
Orlando, Fl. 32803

*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 provisional 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.*

  
\_\_\_\_\_  
C. Robert Graham, Esq.

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7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
C. Robert Graham, Member

C. Robert Graham, Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)