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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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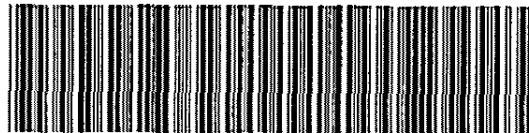
(Business Entity Name)

(Document Number)

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2004 JUN 14 PM 4:07  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

J. BRYAN JUN 15 2004

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONSOLIDATED HOLDINGS, 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:

WILLIAM E. GERRELL III  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

PO BOX 236  
(Address)

LAND O' LAKES, FL 34639  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM E. GERRELL III at ( 813 ) 781-2001  
(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

FILED  
2004 JUN 14 PM 4:01  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

FILED  
2004 JUN 14 PM 4:07  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CONSOLIDATED HOLDINGS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

PO BOX 236

LAND O' LAKES, FL 34639

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

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

WILLIAM E. GERRELL, IV

Name

10225 Arbor Side Dr.

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

Tampa, FL 33647

LAND O' LAKES, FL 34639 FLORIDA

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.*

William E. Gerrell

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

WILLIAM E. GERRELL, II

PO BOX 236

LAND O' LAKES, FL 34639

MGRM

ELON C. WEBB

PO BOX 236

LAND O' LAKES, FL 34639

MGRM

FRANK ROSENBLATT

PO BOX 236

LAND O' LAKES, FL 34639

(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.)

William E. Gerrell, II

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)

FILED  
2004 JUN 14 PM 4:01  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA