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the 6/23/04 Fedex Tracking Number 846700006034 inder's Jerome D. Mitchell Phone 386 252-3004 Company RIGGIO & MITCHELL PA Address 400 S PALMETTO AVE Dept. Food: State FL ZIP 32114-4722	500038126955
our Internal Billing Reference 320.1	
(City/State/Zip/Phone #)	06/24/0401042007 **125.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	s;
Wild Acres,	LLC
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
Barry Larkins	Barry Larkins
1 Mystic Lake Way	1 Mystic Lake Way
Ormond Beach, FL 32174	Ormond Beach, FL 32174

is:

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

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

ARTICLE I - Name:

Barry Larkins

Name

1 Mystic Lake Way

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

Ormond Beach, FLORIDA 32174

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)

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

MGR

1 Mystic Lake Way
Ormond Beach, FL 32174

(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.)

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)