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(City/State/Zip/Phone #)

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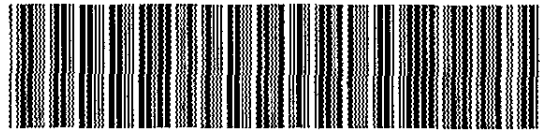
(Business Entity Name)

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2004 JUN 28 PM 1:52  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

W04-23804  
J. BRYAN JUN 21 2004

J. BRYAN JUN 28 2004

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Britin Properties, 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:

Brandon D. Beardsley, Esq.  
(Name of Person)

Upchurch & Esposito, P.A.  
(Firm/Company)

1510 N. Ponce De Leon Blvd.  
(Address)

St. Augustine, Fl. 32084  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brandon D. Beardsley, Esq. at ( 904 ) 825-1990  
(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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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 21, 2004

BRANDON D. BEARDSLEY, ESQ.  
UPCHURCH & ESPOSITO, P.A.  
1510 N. PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084

SUBJECT: BRITIAN PROPERTIES, LLC  
Ref. Number: W04000023804

Please sign and return your check along with this document in order to complete your filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 004A00040997

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Britin Properties, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

749 Captains Dr.  
St. Augustine, Fl. 32080

**Mailing Address:**

749 Captains Dr.  
St. Augustine, Fl. 32080

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

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

Mel Lewis

Name


749 Captains Dr.

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

St. Augustine FL 32080

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, F.S..*



Registered Agent's Signature

(CONTINUED)

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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:**

MGRM

Mel Lewis

749 Captians Dr.

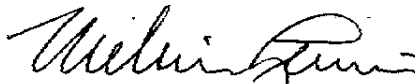
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TALLAHASSEE, FLORIDA

(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.)

Mel Lewis

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)