

L04000049711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

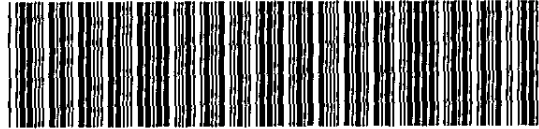
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400038272644

07/02/04 -U1040- BUS **155.00

STATE
REGISTRAR
TALLAHASSEE, FLORIDA

04 JUL -2 PM 2:18

JUL -2 PM 2:06

STATE
REGISTRAR
TALLAHASSEE, FLORIDA

RECEIVED

RECEIVED

BR

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Equity Resource + Development
Company, LLC

04 JUL -2 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by:

SK 7/2/04 10:06
Name Date Time

Walk-In _____ Will Pick Up _____

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

FILED
04 JUL -2 PM 2:18
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

EQUITY RESOURCE & DEVELOPMENT COMPANY, 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:

8870 N. Himes Avenue

8870 N. Himes Avenue

Unit 340

Unit 340

Tampa, Fl. 33614

Tampa, Fl, 33614

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

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

Capital Connection, Inc.

Name

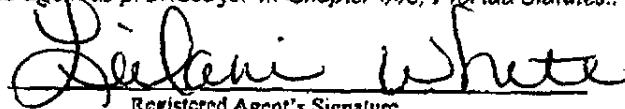
417 E. Virginia Street Suite 1

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

Tallahassee, FLORIDA 32305

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

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

INNOVATIVE GLOBAL ENTERPRISE, LLC
8870 N. HIMES AVENUE UNIT 339
TAMPA, FL. 33614

MGRM

KRISTIN SWOFFORD
6503 MUCK POND ROAD
SEFFNER, FL 33584

MGRM

DAVID MCGRAW
6503 MUCK POND ROAD
SEFFNER, FL. 33584

MGRM

INNOVATIVE GLOBAL ENTERPRISE, LLC
8870 N. HIMES AVENUE UNIT 339
TAMPA, FL. 33614

(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.)

Terry Hatfield

Typed or printed name of signer

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)