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(City/State/Zip/Phone #)

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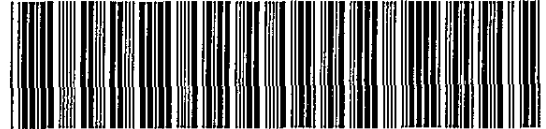
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ECKARDT & KIMBRELL

P. O. Box 58118  
Jacksonville, Florida 32241-8118  
Telephone: 904-287-0404  
Cell: 904-612-0599

PERSONAL & CONFIDENTIAL

July 7, 2004

DIVISION of CORPORATIONS  
P. O. Box 6327  
Tallahassee, Florida 32314

ATTN: Mr. Buck Kohr

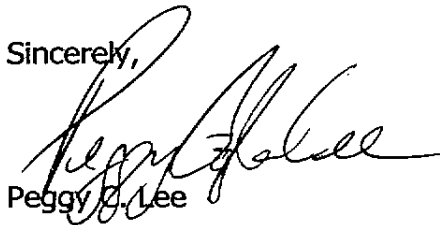
Dear Buck:

Thank you, once again, for talking to Jim and me and working through the enclosed Articles of Organization for our new Company, Eckardt & Kimbrell.

Enclosed, please find my check for \$160.00 as required.

Thanks again for all your help!

Sincerely,



Peggy D. Lee

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ECKARDT & KIMBRELL, 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:

Peggy Czapia Lee  
(Name of Person)

ECKARDT & KIMBRELL, LLC.  
(Firm/Company)

P. O. Box 58118  
(Address)

Jacksonville, Florida 32241  
(City/State and Zip Code)

For further information concerning this matter, please call:

Peggy Czapia Lee at ( 904 ) 287-0404  
(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**  
04 JUL 12 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**FILED**  
04 JUL 12 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ECKARDT & KIMBRELL, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

701 Grand Parke Drive

Jacksonville, Florida 32259

**Mailing Address:**

P. O. Box 58118

Jacksonville, Florida 32241

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

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

Peggy Czapla Lee

Name

701 Grand Parke Drive

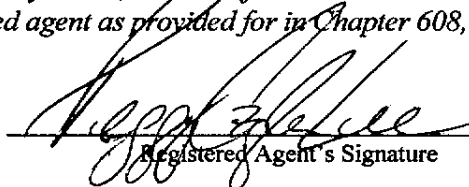
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, Florida 32259

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..*

  
\_\_\_\_\_  
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

Peggy Czapla Lee

P. O. Box 58118

Jacksonville, Florida 32241

MGRM

James H. Lee

P. O. Box 58118

Jacksonville, Florida 32241

\_\_\_\_\_

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(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.)

Peggy Czapla Lee

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)**