

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2004 JUL 16 P 12:58

SUBJECT: Welborn Springs, LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:


Donald E. Karraker, Esquire
(Name of Person)

De Renzo and Karraker, P. A.
(Firm/Company)

PO Box 151176
(Address)

Altamonte Springs, Florida 32715-1176
(City/State and Zip Code)

For further information concerning this matter, please call:


Donald E. Karraker at (407) 834-6035
(Name of Person) (Area Code & Daytime Telephone Number)

FBN 320919
DeRenzo and Karraker, P.A.
P.O. Box 151176
Altamonte Springs, FL 32715-1176

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Welborn Springs, LLC

ARTICLE II - Address:

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

Principal Office Address:

Welborn Springs, LLC

10640 83rd Place

Live Oak, FL 32060-7124

Mailing Address:

Welborn Springs, LLC

PO Box 1352

Live Oak, FL 32064-1352

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

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

John S. Howard

Name

10640 83rd Place

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

Live Oak, FL 32060-7124

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..

John S. Howard
Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):


The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	<u>Christopher Howard</u> <u>10640 83rd Place</u> <u>Live Oak, FL 32060-7124</u>
<u>MGRM</u>	<u>John S. Howard</u> <u>10640 83rd Place</u> <u>Live Oak, FL 32060-7124</u>
<u>MGRM</u>	<u>Margaret Howard</u> <u>10640 83rd Place</u> <u>Live Oak, FL 32060-7124</u>
<u>MGRM</u>	<u>Lauren Howard</u> <u>10640 83rd Place</u> <u>Live Oak, FL 32060-7124</u>

(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.)

John S. Howard

 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)