104000055924

2004 JUL 23 P 2: 38

SECRETARY OF STATE TALLAHASSEE, FLORIUA (Requestor's Name)			
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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TRANSMITTAL LETTER

FILED

TO: Registration Section 2004 JUL 23 P 2: 38 Division of Corporations YULEE TIMBERLANDS, 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: Karl E. Lawhon (Name of Person) Ed Lawhon, Inc. (Firm/Company) 1562 Halliday Lane S. (Address) Jacksonville, FL (City/State and Zip Code) For further information concerning this matter, please call:

> STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

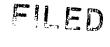
(Name of Person)

Karl B. Hanson, Jr.

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

904) 354-8000 (Area Code & Daytime Telephone Number)

ARTICLES OF ORGANIZATION FOR



FLORIDA LIMITED LIABILITY COMPANY: 23 P 2: 38

ARTICLE I - Name:	HECKETARY OF STATE		
The name of the Limited Liability Company is:	When which is the state of the		
YULEE TIMBERLANDS, 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:		
1532 Halliday Lane S.	1532 Halliday Lane S.		
Jacksonville, FL 32207	Jacksonville, FL 32207		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:			
Karl B. Hanson, Jr. Name			
50 N. Laura St., Suite 280 Florida street address (P.O. Box No.	· · · · · · · · · · · · · · · · · · ·		
Jacksonville FL City, State, and Zip	ORIDA 32202		

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..

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(CONTINUED)

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

ARTICLE IV- Manager(s) or Ivianaging Iviniber(s).

The name and address of each Manager or Managing Member is as follows: 104 JUL 23 P 2: 38

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	ENLEGARY OF ENLEGASSES, FI
_MGRM	Karl E. Lawhon 1532 Halliday Lane S. Jacksonville, FL 3220	7
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is re	equested.
REQUIRED SIGNATURE: Signature of a member or an au	Cithorized representative of a member	 er.
(In accordance with section 608.4 of this document constitutes an af that the facts stated herein are true	408(3), Florida Statutes, the execution Tirmation under the penalties of perju e.)	гу

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)

Karl E. Lawhon
Typed or printed name of signee