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D. MICHAEL CLOWER, P.A.

ATTORNEY AT LAW
322 SILVER BEACH AVENUE
DAYTONA BEACH, FLORIDA 32118
OFFICE: (386) 239-0100
FAX: (386) 239-0455

July 23, 2004

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6327

Re: Filing Articles of Organization for PAM CEL, LLC

Dear Madam or Sir:

You will find enclosed herewith the following documents:

- 1. Original and one copy of Articles of Organization for PAM CEL, LLC, a limited liability company;
 - 2. Original Certificate of Designation of Registered Agent/Registered Office; and
- 3. Check made payable to Florida Department of State in the sum of \$125.00, which represents the \$100.00 filing fee and \$25.00 Designation of Registered Agent fee.

After filing of these documents, please forward a letter of acknowledgment regarding the filing to me at my law office address noted above.

Thank you.

Sincerely,

D. Michael Clower

Enclosures

cc: Pamela S. Davis

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The undersigned individual hereby submits for filing pursuant to Florida Statute 608 the Articles of Organization for the following named Florida Limited Liability Company:

ARTICLE I - Name:

The name of the Limited Liability Company is: PAM CEL, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 836 First Street, Port Orange, Florida 32129.

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

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

Name

836 First Street

Florida Street Address

Port Orange, Florida 32129

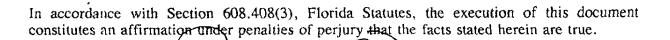
City, State and Zip Code

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 of the Florida Statutes.

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable):

**The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.



Signature of Member

PAMELA S. DAVIS

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is: PAM CEL, LLC
- 2. The name and Florida street address of the registered agent and office are:

PAMELA S. DAVIS

Name

836 First Street

Florida street address

Port Orange, Florida 32129

City, State/Zip Code

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.

Signature