

L040000058698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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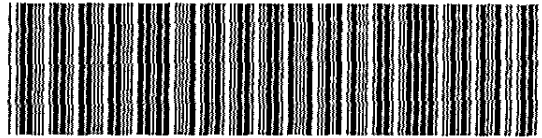
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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W04-30069
J. BRYAN AUG - 6 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pompano Place, 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:

Laura G. Hester, Esq.
(Name of Person)

Foltz Martin, LLC
(Firm/Company)

Five Piedmont Center, Suite 750, 3525 Piedmont Road
(Address)

Atlanta, Georgia 30305-1541
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura G. Hester, Esq. at (404) 231-9397
(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

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04 AUG -9 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 6, 2004

FLORIDA RESEARCH & FILING SERVICES, INC.

SUBJECT: POMPANO PLACE, LLC
Ref. Number: W04000030069

We have received your document for POMPANO PLACE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 804A00049063

ATTN: 3239
AUG-9 10:33
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TALLAHASSEE, FLORIDA

RECEIVED
04 AUG -9 AM 9:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
04 AUG - 9 AM 10:33
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pompano Place, LLC

ARTICLE II - Address:

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

Principal Office Address:

c/o ADEVCO Corporation

3867 Holcomb Bridge Road, Suite 800

Norcross, GA 30092

Mailing Address:

c/o ADEVCO Corporation

3867 Holcomb Bridge Road, Suite 800

Norcross, GA 30092

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

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

NRAI Services, Inc.

Name

526 E. Park Ave.

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

Tallahassee, FL 32301 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..

Gwendolyn Andrews

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

David M. Kraxberger

3867 Holcomb Bridge Road, Suite 800

Norcross, Georgia 30092

MGRM

William R. Neal

3867 Holcomb Bridge Road, Suite 800

Norcross, Georgia 30092

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Laura G. Hester, as attorney-in-fact
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.)

Laura G. Hester, Attorney-in-Fact

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)