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DIVISION OF CORPORATION

CICTIVATORIAN OF STATE

104-64 84 CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT:	<u>CINDY</u>		-				
DATE:	8-30-04						
REF. #:	001260,2955	<u>4</u>					
CORP. NAME:	Norward L	an	ıar Henry, LLC				
() ANNUAL REPORT	CATION	() ARTICLES OF AMENDMENT) TRADEMARK/SERVICE MARK) LIMITED PARTNERSHIP) MERGER	() FICTITIOUS NAME			
() CERTIFICATE OF (•) MERGER	() WIIIDRAWAL			
() OTHER: STATE FEES PI		TH	I CHECK# <u>43429</u> FOR \$ <u>21,5</u>	00.00. TO BE APPLIE	2004 AUG 36 SECRETA 97 C	τ Τ	
FILINGS. AUTHORIZATI	ON FOR A	CC	OUNT IF TO BE DEBITEI) :	PH 3: 12 OF STATE S. FLORIDA		
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Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compan	y is:
NORWARD LAMAR HENRY, 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:
8520 N BRANCH AVE	8520 N BRANCH AVE
TAMPA, FL 33604	TAMPA, FL 33604
ARTICLE III - Registered Agent. Regis	stered Office, & Registered Agent's Signature:
The name and the Florida street address of	
NORWARD LAMAR	HENRY
Name	SEC
OCOONEDD ANICHEAN	

Name

8520 N BRANCH AVE

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

TAMPA. FL 33604

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

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:					
"MGRM" = Managing Member	NORWARD LAMAR HENRY					
MGRM	8520 N BRANCH AVE					
	TAMPA, FL 33604			_		
				<u></u>		
				_		
				_		
				_		
(Use attachment if necessary)	-			-		
NOTE: An additional article must be added if an e	ffective date is requested.					
REQUIRED SIGNATURE:	/	=				
oward H	eng	SECRE ALLAH	2004 AL			
Signature of a member or an authorized repre-	sentative of a member,	TAF	<u>G</u> 3			
(In accordance with section 608.408(3), I of this document constitutes an affirmation that the facts stated herein are true.)		RY OF STATE SEE, FLORIDA	2004 AUG 30 PM 3: 13	FILED		
NORWARD LAMAR HENRY						

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)

Typed or printed name of signee