

L04000065089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

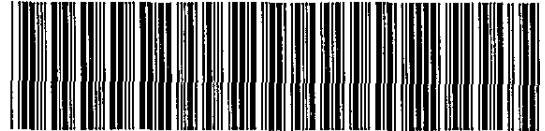
(Business Entity Name)

(Document Number)

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2004 SEP - 1 PM 3:07
TALLAHASSEE, FLORIDA
STATE
DEPARTMENT OF REVENUE

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04 SEP - 1 PM 2:44
TALLAHASSEE, FLORIDA
STATE
DEPARTMENT OF REVENUE

J. BRYAN SEP - 2 2004



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 871040 7185439

AUTHORIZATION : *Patricia Piggett*

COST LIMIT : \$ 155.00

ORDER DATE : September 1, 2004

ORDER TIME : 2:12 PM

ORDER NO. : 871040-005

CUSTOMER NO: 7185439

CUSTOMER: Ms. Patricia A. Lamm
Cooley Godward LLP

One Freedom Square
11951 Freedom Drive
Reston, VA 20190-5656

FILED
2004-SEP-1 PM 3:07
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: J.A. HOWARD GALLERY, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

SEP 1 2004 12:29PM

CORPORATION SERVICE COMPANY

NO. 5896 P. 2

FILED
2004 SEP -1 PM 3:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

J.A. Howard Gallery, LLC

ARTICLE II - Address:

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

Principal Office Address:

95 Pelican Pointe Drive

#201

Del Ray Beach, FL 33483

Mailing Address:

95 Pelican Pointe Dr.

#201

Del Ray Beach, FL 33483

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

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

Julia Howard

Name

95 Pelican Pointe Dr., #201

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

Del Ray Beach FLORIDA 33483

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.

Julia Howard
Registered Agent's Signature

Page 1 of 2
(CONTINUED)

SCANNED AND EMAILED

SEP 1 2004 12:30PM

CORPORATION SERVICE COMPANY

NO. 5896 P. 3.

FILED
2004 SEP -1 PM 3:07
UNION FIDELITY CORPORATION
TALLAHASSEE, FLORIDA

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:

Julia Howard

95 Pelican Pointe Dr., #201

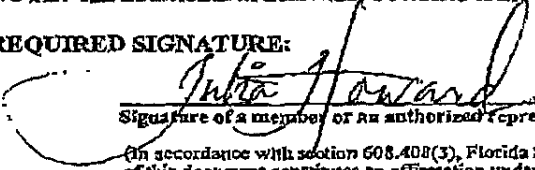
Del Ray Beach, FL 33483

MGRM

(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.)

Julia Howard

Typed or printed name of signer

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)