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SECRETARY ((Requestor's Name) TALLAHASSEE	FLORIDA
(Address)	
(Address)	300040116953
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	08/30 /040 1037 0 08 ** 125.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
, in the second	

Office Use Only

Louis W. DePhillips 10821 N. 56th Street Temple Terrace, FL 33617

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2004 AUG 30 P 2: 24 SECRETARY OF STATE TALLAHASSEE, FLORTE

August 30, 2004

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

Sir or Madam:

Enclosed are the Transmittal Letter, Signed two pages of Articles of Organization and \$125 filing fees for the Louis W. DePhillips, L.L.C.

Lu al Dune

Sincerely,

Louis W. DePhillips

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2004 AUG 30 P 2: 24

SUBJECT: Louis W. DePhillips, L.L.C.

TALLAHASSEE, FI ORIDA

(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:

Louis W. DePhillips	
	(Name of Person)
	Fi(C
	(Firm/Company)
10821 N. 56th Street	
	(Address)
Temple Terrace, FL 33617	-
(Cit	ty/State and Zip Code)
For further information concerning this matter, pleas	re call:
Edward M. Hanna	at (_813) 985-1148
(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

ARTICLES OF ORGANIZATION FOR

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FLORIDA LIMITED LIABILITY COMPANY2004 AUG 30 P 2: 24

ARTICLE I - Name:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The name of the Limited Liability Company	/ is:
Louis W. DePhillips, L.L.C.	
ARTICLE II - Address:	
The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10821 N. 56th Street	Same
Temple Terrace, FL 33617	
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature:
The name and the Florida street address of t	the registered agent are:
Louis W. DePhillips	
N	ame
10821 N. 56th Street	
Florida street address	(P.O. Box NOT acceptable)
Temple Terrace,	FLORIDA 33617
	ate, 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 Me

FILED

The name and address of each Manager	or Managing Member is as t	ollows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2004 AUG 30 SECRETARY TALLAHASSEE	
MGMR	Louis W. DePhillips		
	10821 N. 56th Street		-
	Temple Terrace, FL 33617		<u> </u>
			_
			_
	. —————————————————————————————————————		<u> </u>
			<u> </u>
(Use attachment if necessary)			_
NOTE: An additional article must be	added if an effective date i	s requested.	
REQUIRED SIGNATURE: Louis W E	of hillips		
Signature of a member or an au (In accordance with section 608.4 of this document constitutes an au that the facts stated herein are tru	408(3), Florida Statutes, the execu	ition	

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)

Louis W. DePhillips

Typed or printed name of signee