

L04000065737

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TALLAHASSEE, FLORIDA

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L04-65737
OK

9-1-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMC ACQUEST THREE, 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:

JEANETTE M. CREEL
(Name of Person)

JMC ACQUEST THREE, LLC
(Firm/Company)

811-15TH AVE, W.
(Address)

PALMETTO, FL 34221
(City/State and Zip Code)

For further information concerning this matter, please call:

JEANETTE M. CREEL at (941) 722-2962
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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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
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

JMC ACQUEST THREE, LLC

ARTICLE II - Address:

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

Principal Office Address:

811-15 TH AVE, W.

PALMETTO, FL 34221

Mailing Address:

P.O. BOX 301

PALMETTO, FL 34220

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

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

Jeanette M. Greef

Name

811-15TH AVE, W.

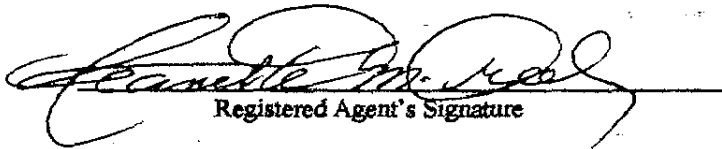
Florida street address (P.O. Box **NOT** acceptable)

PALMETTO, FL FLORIDA 34221

City, State, and Zip

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TALLAHASSEE, FLORIDA

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

9-1-04

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:

MGR

J.M.CREEL FAMILY LIVING TRUST
P.O. Box 301
PALMETTO, FL 34220

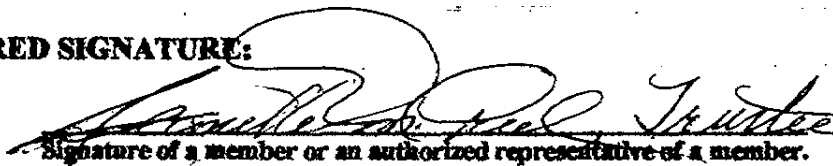
MGRM

JEANETTE M. CREEL
P.O. Box 301
PALMETTO, FL 34220

ARTICLE V - Effective Date

The effective date of this filing shall be as of the date this document is filed with the Florida Secretary of State.

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.)

JEANETTE M. CREEL
Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)