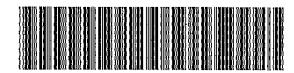
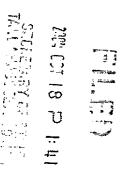
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October 12, 2004

Registration Section Division of Corporations Post office Box 6327 Tallahassee, FL 32314

Enclosed are (1) Transmittal Letter, (2) Articles of Organization for LLC and(3) check for CapRan, LLC.

Sincerely,

Julian R. Mills Jr.

TRANSMITTAL LETTER

	istration Section ision of Corporations	
SUBJECT:	Cap Ran, 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:	
	Julian R. Mills Jr.	
	(Name of Person)	
	(Firm/Company)	
	4036 Tombridge Circle	_
For further is	oformation concerning this matter, please call:	- Jingdie
	Lian R. Mills Jr. at (850) 476-8918 = (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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Capkan, LLC	
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	ailing Address:
4036 Tombridge Circle	1036 Yombordge Circle
1936 Tonbridge Circle 4 Pensacola FL 32514	1036 Yorbridge Circle Pensacole FL 32514
ARTICLE III - Registered Agent, Registered Office, & I The name and the Florida street address of the registered ag Julian R. Mil Name Y036 Tonbridge C. Florida street address (P.O/Box NOT and English City, State, and Zip	rele cceptable)

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)

The name and address of each Manager of	Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Julian R. Mills Jr. 4036 Tambridge Circle Pensacola, FL 32514
MGRM	Catherine P. Mills 4036 Tanbridge Circle Pensacola, FL 32514
(Use attachment if necessary)	SECRETARY ALLAHASSE
NOTE: An additional article must be	• • • • • • • • • • • • • • • • • • • •
REQUIRED SIGNATURE:	- Mell
Signature of a member or an au	thorized representative of a member.
of this document constitutes an af that the facts stated herein are true	
Julian	R. Mills Ir. nted name of signee
Typed or prin	nted name of signee

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

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)