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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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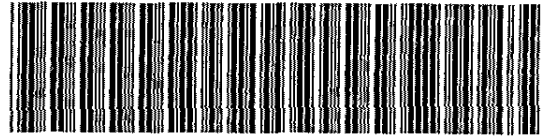
Certificates of Status

Special Instructions to Filing Officer:

10/22

FL LC

Office Use Only



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SH. CLERK OF COURT
TALLAHASSEE, FLORIDA

LLC Filing Letter

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Date: October 4, 2004

LLC Filings Office:

I enclose an original and 1 copy of the proposed Articles of Organization of T & T LLC, a proposed domestic limited liability company.

Please file the Articles of Organization and return a certificate of formation, file-stamped copy of the original document or other receipt, acknowledgment or proof of filing to me at the address shown below my signature.

Payment for the required fees is enclosed.

Sincerely,

Signed: James B Roberts

JAMES B. ROBERTS
1767 CARPENTER ROAD, NORTH
TITSUSVILLE, FL 32796-1112

Telephone: 321-268-1905

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

Article I - Name:

The name of the Limited Liability Company is:

T & T LLC

Article II - Address:

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

4305 ARBOR OAKS COURT, ORLANDO, FL 32808

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

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

JAMES B. ROBERTS

Name

1767 CARPENTER ROAD, NORTH, TITUSVILLE, FL 32796-1112

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

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, F.S.

James B. Roberts

Registered Agent's Signature

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TALLAHASSEE FLORIDA

Article IV. - Manager(s) or Managing Members(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

32808

THOMAS I. McCRAY

4305 ARBOR OAKS COURT, ORLANDO, FL

MGRM

32808

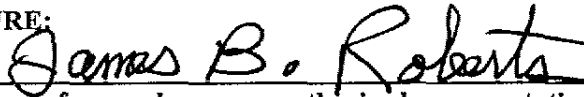
TRICIA A. McCRAY

4305 ARBOR OAKS COURT, ORLANDO, FL

(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.)

JAMES B. ROBERTS

Typed or printed name of signee

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)

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CLERK OF THE STATE
TALLAHASSEE FLORIDA