

L04000080472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

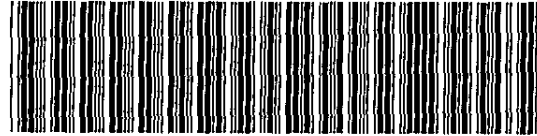
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 958391 1299A

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$ 155.00

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TALLAHASSEE, FLORIDA

ORDER DATE : November 5, 2004

ORDER TIME : 11:02 AM

ORDER NO. : 958391-005

CUSTOMER NO: 1299A

CUSTOMER: Ms. Judi C. Dallman
Clark Partington Hart Larry
Bond & Stackhouse
Suite 800
Post Office Box 13010
Pensacola, FL 32591

DOMESTIC FILING

NAME: RIVER VALLEY DEVELOPERS,
L.L.C.

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: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RIVER VALLEY DEVELOPERS, LLC

ARTICLE II - Address:

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

Principal Office Address:

8850 Gibson Rd.
Molina, Florida 32577

Mailing Address:

8850 Gibson Rd.
Molina, Florida 32577

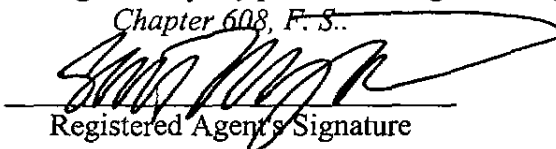
ARTICLE III - Registered Agent, Registered Office, & Registers Agent's Signature:

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

Scott A. Remington, Esq.
Clark, Partington, Hart, Larry, Bond & Stackhouse
125 West Romana Street, Suite 800
Pensacola, Florida 32502

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.


Registered Agent's Signature

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

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

Title:

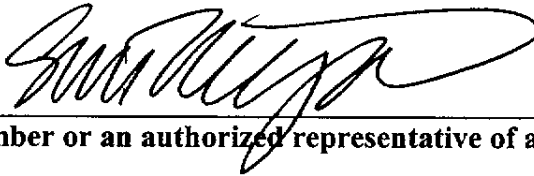
MGRM

Name and Address:

Tommy Eugene Milstid
8850 Gibson Road
Molina, Florida 32577

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CLERK OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to read 'Scott A. Remington', written over a horizontal line.

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.)

SCOTT A. REMINGTON
Typed or printed name of signee