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(Business Entity Name)

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TALLAHASSEE, FLORIDA

W4-39555

SULLIVAN & HINDS

Attorneys and Counselors at Law

22 October 2004

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

Re: Filing Articles of Organization,
Affidavit, and
Application for Registration of Fictitious Name
for SULLIVAN & HINDS, CHARTERED

To Whom It May Concern:

Enclosed, please find the following documents to file of record to create the noted
limited liability company.

1. Articles of Organization and Affidavit
2. Designation of Registered Agent/Office.
3. Application for Registration of Fictitious Name
4. Copies of items 1 - 3 for Certification.
5. A check in the amount of \$205.00 for following costs:

a.	Filing Fee for Articles of Organization	\$	100.00
b.	Designation of Registered Agent/Office		25.00
c.	Fictitious Name Processing Fee		50.00
d.	Certified copies		30.00

I have included a self addressed stamped envelope so that you can return a certified
copy of the Articles of Organization, Designation and Fictitious Name documents once they
have been filed.

Should you need any additional information, please do not hesitate to call.

Sincerely,


Jeffrey L. Hinds, Esquire

Enclosures

P.O. Box 17977 ♦ Tampa, Florida 33682 ♦ (813) 265-1555 ♦ Fax (813) 265-1333 ♦ Florida WATS (877) 265-1555

www.condemnationlaw.us



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 27, 2004

JEFFREY L. HINDS, ESQUIRE
SULLIVAN & HINDS
P.O. BOX 17977
TAMPA, FL 33682

SUBJECT: SULLIVAN & HINDS, CHARTERED
Ref. Number: W04000039555

We have received your document for SULLIVAN & HINDS, CHARTERED and your check(s) totaling \$205.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must end with "P.L.," "P.L.C.," "P.L.L.C.," "PL," "PLC," "PLLC," or "PROFESSIONAL LIMITED COMPANY" "CHARTERED" or "PROFESSIONAL LIMITED LIABILITY COMPANY."

You must state the specific professional service that will be provided by this company.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 304A00061925

ARTICLES OF ORGANIZATION
and
DESIGNATION OF REGISTERED AGENT

for

SULLIVAN & HINDS, CHARTERED

A Florida Professional Limited Liability Company

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04 NOV 10 PM 4:22
TALLAHASSEE, FLORIDA

ARTICLE I: NAME

The name of the Professional Limited Liability Company is: SULLIVAN & HINDS, CHARTERED.

ARTICLE II: ADDRESS

The mailing address of the Professional Limited Liability Company is: P.O. Box 17977, Tampa, FL 33682.

The street address of the principal office of the Professional Limited Liability Company is: 14815 North Iris Avenue, Tampa, FL 33613-1828.

ARTICLE III: DURATION

The period of duration for the Professional Limited Liability Company shall be: thirty (30) years from the date of filing of these Articles of Organization with the Secretary of State of the State of Florida, unless the Company is earlier dissolved in accordance with either the provisions of the Company's Operation Agreement or the Florida Professional Service Corporation and Limited Liability Company Act.

ARTICLE IV: PROFESSIONAL LIMITED LIABILITY COMPANY ELECTION;
STATEMENT OF PROFESSIONAL SERVICES TO BE RENDERED.

The undersigned Members hereby affirmatively state their election to bring the Professional Limited Liability Company within the provisions of the Florida Professional Service Corporation and Limited Liability Company Act. The Members of this Professional Service Corporation shall only render professional services consistent with the practice of law, and each Member must be a licensed as an attorney at law.

ARTICLE V: MANAGEMENT

The Professional Limited Liability Company is to be managed by managing members. The names and addresses of such managing members are:

William P. Sullivan, Esquire 14815 North Iris Avenue Tampa Florida 33613

Jeffrey L. Hinds, Esquire 10709 Stallgate Drive Tampa Florida 33624

ARTICLE VI: ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the remaining Members to admit additional members and the terms and conditions of the admissions shall be by unanimous vote of the Members, subject to the limitations and provisions of the Florida Professional Service Corporation and Limited Liability Company Act.

ARTICLE VII: MEMBERS' RIGHTS TO CONTINUE BUSINESS

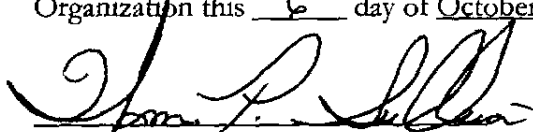
The right, if given, of the remaining Members of the Professional Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a member of the limited liability company shall be limited only by the Operating Agreement, as amended, and by applicable Florida Law.

ARTICLE VIII: REGISTERED AGENT

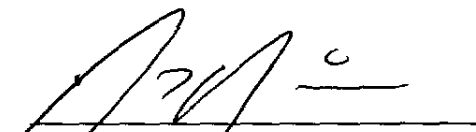
The name and address of the initial registered agent is Jeffrey L. Hinds, 10709 Stallgate Drive, Tampa, Florida, 33624.

The Members may from time to time move the office to any other address in the State of Florida and change the registered agent as provided by the Operating Agreement, as amended.

IN WITNESS WHEREOF, the undersigned members have executed these Articles of Organization this 6 day of October, 2004.



WILLIAM P. SULLIVAN, ESQUIRE
14815 North Iris Avenue
Tampa, FL 33613

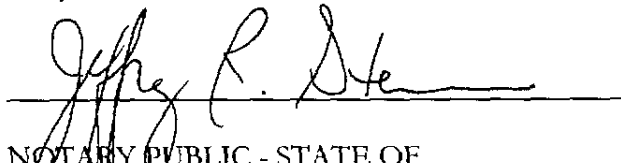


JEFFREY L. HINDS, ESQUIRE
10709 Stallgate Drive
Tampa, FL 33624

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH}

BEFORE ME, a Notary Public, authorized to take acknowledgments in the State and County set forth above, personally appeared before me William P. Sullivan, Esquire and Jeffrey L. Hinds, Esquire, known to me and known by me to be the persons who executed the foregoing Articles of Organization, who took an oath, and acknowledged before me that they each executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 6th day of OCTOBER, 2004.



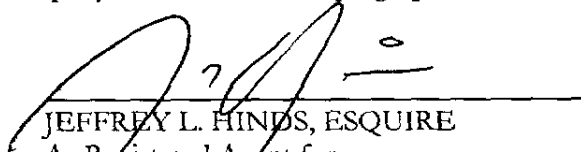
NOTARY PUBLIC - STATE OF _____
My Commission Expires:



Jeffrey R. Sternman
MY COMMISSION # DD007803 EXPIRES
April 28, 2005
BONDED THRU TROY FAIR INSURANCE, INC.

ACKNOWLEDGEMENT OF REGISTERED AGENT

Having been named to accept service of process for the above-stated Professional Limited Liability Company, at the place designated in the aforesaid Articles, I hereby accept to act in this capacity, and agree to comply with the provision of the Florida Professional Service Corporation and Limited Liability Company Act relative to keeping open said office.



JEFFREY L. HINDS, ESQUIRE
As Registered Agent for
SULLIVAN & HINDS, CHARTERED
10709 Stallgate Drive
Tampa, FL 33624

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the Professional Limited Liability Company is: SULLIVAN & HINDS, CHARTERED.

2. The name and address of the registered agent and office is: JEFFREY L. HINDS, ESQUIRE, 10709 Stallgate Drive 33624.

Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agreed 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 obligation of my position as registered agent.

Date: 6 October 04



JEFFREY L. HINDS, ESQUIRE

10709 Stallgate Drive
Brandon, Florida 33624
(813) 265-1555

Registered Agent for SULLIVAN & HINDS, CHARTERED