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ARTICLES OF ORGANIZATION OF LANDSOURCE, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be Landsource, LLC ("company").

ARTICLE II - ADDRESS

The mailing address of the company is 4595 Lexington Avenue, Jacksonville, FL 32210.

The street address is the principal office of the company is 4595 Lexington Avenue, Jacksonville, Florida 32210.

ARTICLE III - REGISTERED AGENT, OFFICE AND AGENTS SIGNATURE

The name and street address of the registered agent of the company in the state of Florida is Shirley Moore, 4595 Lexington Avenue, Jacksonville, Florida 32210.

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 obligations of my position as registered agent as provided for in Chapter 608, F.S.

Shirley Moore

ARTICLE IV - MANAGEMENT

The company is to be managed by one or more of its members.

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be December 1/2, 2004.

IN WITNESS WHEREOF, the undersigned, who is the authorized personal representative of a member identified in the operating agreement, has made and subscribed these articles of organization at Jacksonville, Florida, on December /1, 2004.

Shirley Moore

STATE OF FLORIDA COUNTY OF DUVAL

Before me, the undersigned authority, personally appeared Shirley Moore who is personally known to me and who acknowledged to me, under oath, that she is the authorized personal representative of a member of Landsource, LLC and that she executed the foregoing articles of organization.

Notary Public

My commission number:

My commission expires:

