

FEB-23-2005 15:07

STUMP STOREY CALLAHAN

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**To:**

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Fax Number : (850) 205-0383**

**From:**

**Account Name : STUMP, STOREY & CALLAHAN, P.A.  
Account Number : I20000000161  
Phone : (407) 425-2571  
Fax Number : (407) 425-0827**

**LIMITED LIABILITY COMPANY**

**Lake Jessup Mitigation, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

LAKE JESSUP MITIGATION, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**1085 West Morse BoulevardSuite AWinter Park, Florida 32789**Mailing Address:**1085 West Morse BoulevardSuite AWinter Park, Florida 32789**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

D. Paul Dietrich II, Esq.

Name

37 North Orange Avenue, Suite 200Florida street address (P.O. Box **NOT** acceptable)Orlando 32801FL

City, State, and Zip

*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

(CONTINUED)

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

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

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**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Thomas J. Corkery  
1085 West Morse Blvd., Suite A  
Winter Park, FL 32789

MGRM

Alan V. Ytterberg  
1301 McKinney, Suite 5100  
Houston, TX 77010-3095

MGRM

Peter C. Taaffe  
1301 McKinney, Suite 5100  
Houston, TX 77010-3095

(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.)

  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)