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TALLAHASSEE, FLORIDA

J. BRYAN FEB 25 2005

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Ernest Jerry Arnold, ~~Sec~~

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☒ L.C. File \_\_\_\_\_  
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☐ Certificate of Status \_\_\_\_\_  
☐ Certificate of Fictitious Name \_\_\_\_\_  
☐ Corp Record Search \_\_\_\_\_  
☐ Officer Search \_\_\_\_\_  
☐ Fictitious Search \_\_\_\_\_  
☐ Fictitious Owner Search \_\_\_\_\_  
☐ Vehicle Search \_\_\_\_\_  
☐ Driving Record \_\_\_\_\_  
☐ UCC 1 or 3 File \_\_\_\_\_  
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Date

Time

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:  
ERNEST JERRY ARNOLD, L.L.C.

**ARTICLE II ADDRESS**

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

Principal Office Address:  
37414 COLEMAN AVENUE  
DADE CITY, FL 33525

Mailing Address:  
37414 COLEMAN AVENUE  
DADE CITY, FL 33525

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

The name and Florida street address of the registered agent are:  
JOSEPH NEWLON 12146 CURLEY STREET, SAN ANTONIO, FL 33576

*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:  
MGMR

Name & Address:  
ERNEST JERRY ARNOLD  
37414 COLEMAN AVENUE  
DADE CITY, FL 33525

**REQUIRED SIGNATURE**

  
Signature of member or authorized representative of member

*(In accordance with §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

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