

W5000026307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

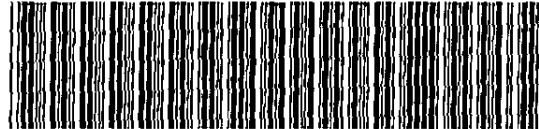
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**COHEN POLLOCK MERLIN
AXELROD & SMALL**

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
WWW.CPMAS.COM

3350 RIVERWOOD PARKWAY
SUITE 1600
ATLANTA, GEORGIA 30339
TELEPHONE: 770 858-1288
FACSIMILE: 770 858-1277

March 11, 2005

VIA FEDERAL EXPRESS

Airbill# 7909 4517 3109

Florida Department of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Boone Management, LLC
Our File #22444-1

Dear Sir or Madam:

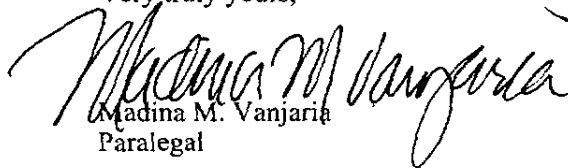
To form a Florida limited liability company, enclosed please find the following:

- (1) The original and a copy of the Articles of Organization of Boone Management, LLC; and
- (2) Our firm's check in the amount of \$155.00, made payable to the Department of State, for filing the Articles of Organization.

Please accept these for filing and, pursuant to the Florida Limited Liability Company Act, issue a Certificate of Organization to the undersigned on behalf of the above limited liability company, and return it to me at your earliest convenience.

Thank you for your assistance with this matter.

Very truly yours,


Madina M. Vanjaria
Paralegal

/mmv
Enclosures
195731

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOONE MANAGEMENT, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MADINA VANJARIA
(Name of Person)

COHEN POLLOCK MERLIN AXELROD & SMALL, P.C.
(Firm/Company)

3350 RIVERWOOD PARKWAY, SUITE 1600
(Address)

ATLANTA, GEORGIA 30339
(City/State and Zip Code)

For further information concerning this matter, please call:

MADINA VANJARIA at (770) 857-4795
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOONE MANAGEMENT, LLC

ARTICLE II - Address:

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

Principal Office Address:

329 THOMPSON ROAD

SANTA ROSA BEACH, FLORIDA 32459

Mailing Address:

329 THOMPSON ROAD

SANTA ROSA BEACH, FLORIDA 32459

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

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

JOSEPH HENDERSON

Name

45 BEAL PARKWAY, NE

Florida street address (P.O. Box NOT acceptable)

FORT WALTON BEACH FLORIDA 32549

City, State, and Zip

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2014

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, Florida Statutes..



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:

"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

MILLIE E. BOONE
329 THOMPSON ROAD
SANTA ROSA BEACH, FLORIDA 32459

(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.)

JOSEPH HENDERSON

Typed or printed name of signee

- Filing Fees:**
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)