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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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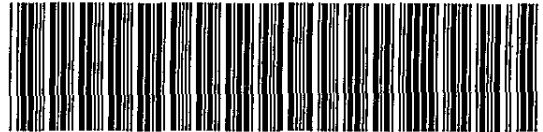
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAY 16 AM 11:05

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHAPMAN ENTERPRISES, 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:

LAURA PIPPIN  
(Name of Person)

ROYAL AMERICAN  
(Firm/Company)

1002 W. 23RD ST., SUITE 400  
(Address)

PANAMA CITY, FL 32405  
(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA PIPPIN at ( 850 ) 914-3268  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|--|---|

**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

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05 MAY 16 AM 11:05  
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
OF  
CHAPMAN ENTERPRISES, LLC

ARTICLE I - Name

The name of this Limited Liability Company shall be: CHAPMAN ENTERPRISES, LLC.

ARTICLE II - Address

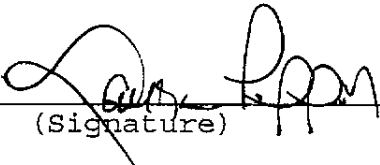
The mailing address and street address of the principal office of the Limited Liability Company is: c/o Ms. Laura Pippin, 1002 W. 23<sup>rd</sup> Street, Suite 400, Panama City, Florida 32405.

ARTICLE III - Registered Agent, Registered Office, and Registered Agent's Signature.

The name and the Florida street address of the Registered Agent are:

Laura Pippin  
1002 W. 23<sup>rd</sup> Street  
Suite 400  
Panama City, Florida 32405

Having been named as Registered Agent and to accept service of process for the above named 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.

  
(Signature)

4/20/05  
(Date)

Printed: Laura Pippin

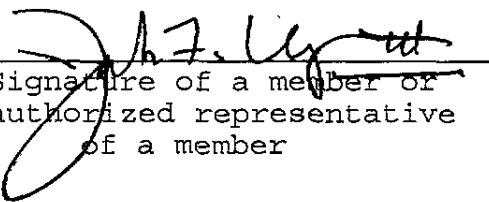
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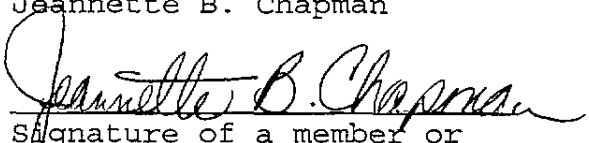
ARTICLE IV - Management

[ X ] The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager-managed company.

Joseph F. Chapman, III

Jeannette B. Chapman

  
Signature of a member or  
authorized representative  
of a member

  
Signature of a member or  
authorized representative  
of a member

(In accordance with section 608.408(3), Florida statutes, the execution of this affidavit constitutes an affirmation under penalties of perjury that the facts stated herein are true)

Joseph F. Chapman, III  
Typed or printed name of  
signee

Jeannette B. Chapman  
Typed or printed name of  
SSignee

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TALLAHASSEE, FLORIDA