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From:

Account Name : UPCHURCH, BAILEY & UPCHURCH, P.A.
Account Number : 075350000207
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Couper Holding Company, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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LOS-60236
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6/16/2005

**ARTICLES OF ORGANIZATION
OF
COUPER HOLDING COMPANY, LLC**

The undersigned adopts the following Articles of Organization for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act.

ARTICLE I

Name

The name of the limited liability company (the "Company") is Couper Holding Company, LLC.

ARTICLE II

Duration

The Company shall have perpetual existence.

ARTICLE III

Mailing and Street Address of Principal Office

The mailing and street address of the Company's principal office is 1414 Vista Cove Road, St. Augustine, Florida 32084.

ARTICLE IV

Name and Address of Registered Agent

The name of the Company's initial registered agent is George W. Gibbs IV. The street address of the registered agent is 1414 Vista Cove Road, St. Augustine, Florida 32084.

ARTICLE V

Admission of New Members

The members shall have such rights to admit new members as provided in the Operating Agreement.

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ARTICLE VI
Continuity of Business

The members shall have such rights to continue the business of the Company on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member as may be provided in the Operating Agreement.

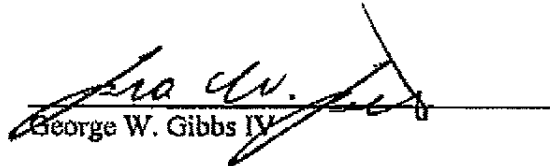
ARTICLE VII
Management

The Company shall be a manager managed company. The initial manager shall be:

George W. Gibbs IV

1414 Vista Cove Road
St. Augustine, Florida 32084

IN WITNESS WHEREOF, for the purpose of forming this limited liability company in accordance with the Florida Limited Liability Company Act, the undersigned has executed these Articles of Organization on this 16 day of June, 2005.


George W. Gibbs IV

STATE OF FLORIDA
COUNTY OF ST. JOHNS

THE FOREGOING instrument was acknowledged before me this 16th day of June, 2005, by George W. Gibbs IV who (☒) is personally known to me or (☐) has produced Florida driver's license number _____ identification.


Notary Public


Name of Notary	Jane W. Wilkinson
Commission #	DD311300
Expires	May 22, 2008
Commission Expires	May 22, 2008

Fair - Insurance, Inc. 800-345-7010

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, I hereby agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and am familiar with and accept my obligations as registered agent.

DATED this 16 day of June, 2005.


George W. Gibbs IV

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