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DAVID M. ANDREWS

ATTORNEY AT LAW

125 NIX BOAT YARD ROAD ST. AUGUSTINE, FL 32084

TELEPHONE (904) 826-1987

EMAIL andrews@david-m-andrews.com

FAX (904) 826-4236

June 28, 2005

Registration Section Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: GAJADO, LLC

Dear Sir/Madam:

Enclosed are proposed Articles of Organization in reference to the captioned limited liability company. Also enclosed is our check in the amount of \$130.00 to cover the following:

Filing Fee for Articles of Organization \$ 100.00 Designation of Registered Agent 25.00 Certificate of Status 5.00

If the Articles of Organization meet with your approval, please execute and return to my office.

Respectfully yours,

David M. Andrews

DMA:dds Enclosure

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

GAJADO, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

DONNA KELLEY

DONNA KELLEY

116 GRAND OAKS DRIVE

116 GRAND OAKS DRIVE

ST. AUGUSTINE, FL 32080

ST. AUGUSTINE, FL 32080

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

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

DONNA KELLEY	
Name	
116 GRAND OAKS DRIVE	
Florida street address (P.O. Box NOT acceptable)	
ST. AUGUSTINE, FL 32080	
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

Page 1 of 2

Article IV - Manager(s) or Mana The name and address of each Man	ging Member(s): tager or Managing Member is as follows:	્રા. આ ા
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	1015 JUN 29 THE
MGRM	DONNA KELLEY 116 GRAND OAKS DRIVE ST. AUGUSTINE, FL 32080	EE. PLONDA
(Use attachment if necessary)		
NOTE: An additional article mu	st be added if an effective date is requested.	
REQUIRED SIGNATURE:	ament fills	
Signature of a men	ber or an authorized representative of a member.	
of this document co	h section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
,,	DONNA KELLEY 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)