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(Ře	equestor's Name)
(Ac	ddress)
(Āc	ddress)
(C)	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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RUSH, MARSHALL, JONES AND KELLY, P.A.

FLETCHER G. RUSH (1917-2003)
CHARLES V. MARSHALL (1929-1994)
CHARLES R. GEORGE, III (1950-2005)
DAVID B. JONES
ROGER A. KELLY
JAMES C. HINCKLEY
ROBERT S. HOOFMAN
LESLIE S. WHITE
ROBERT J. WATSON, JR.
RACHAEL M. CREWS

Magnolia Place
109 East Church Street, 5th Floor
--- Post Office Box 3146
Orlando, Florida 32802-3146

407-425-5500 FACSIMILE 407-423-0554 E-MAIL JHINCKLEY@RUSHMARSHALL.COM

August 11, 2005

Secretary of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Lenox Majors Management, LLC

Dear Sirs:

I enclose the Articles of Organization in this matter, and a check in the amount of \$155.00.

Please file and send me a certified copy.

Very truly yours,

James C. Hinckley

JCH/wpf Encl.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Lenox Majors Management, 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:		
5701 Houchin Street				_	 _
Suite 1					
Naples, FL 34109	·				
		_	*****		

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

The name and the	e Florida street address of the registered agent are:	
	Randy Acres	
	Name	- ***
	5701 Houchin Street, Suite 1	
	Florida street address (P.O. Box NOT acceptable)	-
	Naples, FL 34109 _{FL}	
	City, State, and Zip	

SECRE LAKTORPOKATIONS

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manag "MGRM" = Mana		
MGRM	Randy Acres	
	5701 Houchin Street, Suite 1	
	Naples, FL 34109	
	- The state of the	
	<u> </u>	
(Use attachment i	if necessary)	
NOTE: An addi	itional article must be added if an effective date is requested	ł.
REQUIRED SIG	GNATURE:	
	(Lands Very	
	Signature of a member or an authorized representative of a member	<u> </u>
	(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.)	,
	Randy Acres	
	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)

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