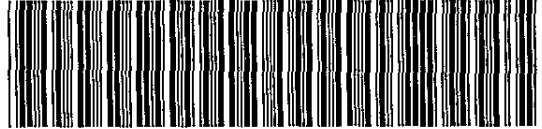


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08/17/05--01009--025 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Danny Dixon **ONE**
AUTHORIZATION BY PHONE TO
CORRECT **Art III**
DATE **8/18/05**
DOC. EXAM. _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 17 PM 12: 28

TRANSMITTAL LETTER

Department of State of Florida
Division of Corporations – Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

** CORRECTION - PASCADOLIE*

SUBJECT: PASCADOLIE PROPERTIES, LLC

Enclosed is one (1) original and one (1) copy of the Articles of Organization and a check for (please check those that apply):

<input checked="" type="checkbox"/>	\$125.00 (Filing Fee)	
<input type="checkbox"/>	Other Fee \$	Description
<input type="checkbox"/>	Other Fee \$	Description

FROM: Dan & Betty Dixon
2622 103rd Road
Live Oak, FL 32060

CONTACT PHONE NUMBER: 386.590.1976

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CORRECTION - PASCADOLIE
PASCADOLIE PROPERTIES, LLC

ARTICLE II - Address:

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

Principal Office Address:

2622 103rd Road

Live Oak, FLORIDA 32060

Mailing Address:

2622 103rd Road

Live Oak, FLORIDA 32060

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

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

Danny James Dixon

Name

2622 10rd Road

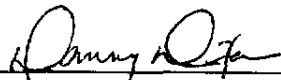
Florida street address (P.O. Box **NOT** acceptable)

Live Oak FLORIDA 32060

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 17 PM 12:28

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:

MGR

Homesavers Plus, Inc.

2622 103rd Road

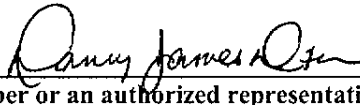

Live Oak, FLORIDA 32060

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(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.)

 Danny James Dixon + BETTY JEAN DIXON
 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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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 AUG 17 PM 12: 28