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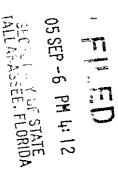
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CORPORATION NAME((S) & DOCUMENT NUMBER(S), (if known):	
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NEW FILINGS	AMENDMENTS	
Profit	Amendment	
Non-Profit XXX Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent	
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OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
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Examiner's Initials



ARTICLES OF ORGANIZATION FOR NELSON FAMILY PROPERTIES, LLC A Florida Limited Liability Company

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

ARTICLE I Name

The name of this Company shall be NELSON FAMILY PROPERTIES, LLC.

ARTICLE II <u>Duration</u>

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

ARTICLE III Mailing Address

The mailing address is Post Office Box 2212, Haines City, Florida 33845. The street address is 715 Crane Drive, Haines City, Florida 33844.

ARTICLE IV Registered Agent and Office

The name and street address of the initial registered agent and office for this Company is as follows: Dorothy M. Nelson, 715 Crane Drive, Haines City, Florida 33844.

ARTICLE V Admission of Additional Members; Terms and Conditions of such Admissions

Additional Members may be admitted upon unanimous consent of the Member(s) of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company.

ARTICLE VI Right to Continue Business

If, but for the exercise of the right to continue the Company's business, as specified below, the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which terminates the continued membership of a Member in the Company, shall cause the dissolution of the Company, then the business of the Company shall continue (without dissolution) if elected in writing within ninety (90) days of the occurrence of such event by any remaining Member.

ARTICLE VII Management by Members

The Company will be managed by its Member(s). The name and address of the initial Managing Member is: Dorothy M. Nelson, Post Office Box 2212, Haines City, Florida 33845.

ARTICLE VIII Operating Agreement of Company

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Member(s).

ARTICLE IX Informal Action of Members

Any action of the Member(s) may be taken without a meeting if consent in writing setting forth the action so taken shall be signed by all Members who would be entitled to vote upon such action at a meeting and filed with the Company as part of its records.

ARTICLE X Transferability of Member's Interest

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand this ______ day of September, 2005.

DOROTHY M. NELSON

STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this day of September, 2005, by **DOROTHY M. NELSON,** who [] is personally known to me or [produced a **FL driver's license** as identification.

(SEAL)

Print Name of Notary My Commission Expires:

Jackie S. Hoverkamp
Commission # DD367891
Expires November 19, 2008
OF 75 Bonded Tray Febr. Insurance, Inc. 500-325-7019

STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for NELSON FAMILY PROPERTIES, LLC, a Florida limited liability company, 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 in Chapter 608, Florida Statutes.

DOROTHY M. NELSON

STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this 2 day of September, 2005, by **DOROTHY M. NELSON**, who [] is personally known to me or [L] produced as identification.

(SEAL)

Print Name of Notary Commission # DD367891
Expires November 19, 2008

Or of Bonded Troy Fain - Insurance, Inc. 800-386-7018

My Commission Expires:

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