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(City/State/Zip/Phone #)

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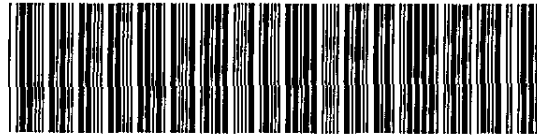
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1.

Sue Cochran, LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

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.

ARTICLE I - NAME

The name of this Limited Liability Company shall be "SUE COCHRAN, LLC".

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 8110 S. Tropical Trail, Merritt Island, Florida 32952.

ARTICLE III - MANAGEMENT

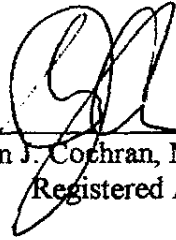
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The initial managing member is Susan J. Cochran.

ARTICLE IV

REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the registered agent is Susan J. Cochran, 8110 S. Tropical Trail, Merritt Island, Florida 32952. 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.

Dated this 9th day of September, 2005.



Susan J. Cochran, Member and
Registered Agent

STATE OF FLORIDA
COUNTY OF *Brevard*

The foregoing Articles of Organization were acknowledged before me this 9 day of September, 2005, by SUSAN J. COCHRAN. Said person did not take an oath and (check one) ~ is personally known to me, or ~ produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.



Michael A. Schneider
Commission # DD088303
Expires Feb. 22, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

A handwritten signature in black ink, appearing to read "Michael A. Schneider", written over a horizontal line.

Print Name:

Notary Public, State of

My Commission Expires:

Commission Number:

MICHAEL A. SCHNEIDER

MICHAEL A. SCHNEIDER

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