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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

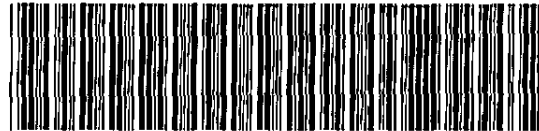
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# PENSON & PADGETT

A PROFESSIONAL ASSOCIATION  
ATTORNEYS AT LAW

ALBERT C. PENSON\*  
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\*CERTIFIED MEDIATOR  
†ALSO ADMITTED IN ALABAMA

2810 REMINGTON GREEN CIRCLE  
TALLAHASSEE, FLORIDA 32308  
(850) 561-8000 TELEPHONE  
(850) 561-8030 FACSIMILE

September 14, 2005

## HAND DELIVERY

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32301

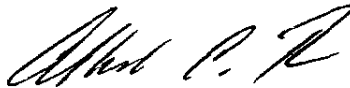
Re: T. Williams Development, LLC

Dear Division of Corporations:

Enclosed is an original and one (1) copy of the Articles of Organization for the above-referenced corporation. Also enclosed is a check in the amount of \$155.00 representing the \$125.00 filing fee and \$30.00 for the certified copy. Please return the filed documents to our office in the enclosed self-addressed, stamped envelope.

Your cooperation in this matter is greatly appreciated..

Sincerely,



Albert C. Penson for  
Penson & Padgett, P.A.

ACP/lzd  
Enclosures

FILED  
05 SEP 15 PM 1:58  
TALLAHASSEE, FLORIDA  
STATE

ARTICLES OF ORGANIZATION  
T. WILLIAMS DEVELOPMENT, LLC  
A LIMITED LIABILITY COMPANY  
(Pursuant to Chapter 608, Florida Statutes)

FILED  
05 SEP 15 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. **Name.** The name of the limited liability company is:

T. WILLIAMS DEVELOPMENT, LLC

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

246 West Lane  
Quincy, Florida 32351

4. **Mailing Address.** The mailing address of the limited liability company is:

246 West Lane  
Quincy, Florida 32351

5. **Members at Time of Formation.** There will be at least two members at the time the limited liability company is formed.

6. **Period of Duration.** The period of duration shall be perpetual.

7. **Management.** Management of the Limited Liability Company at the time of formation is reserved for the managing member.

9. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:

Albert C. Penson  
2810 Remington Green Circle  
Tallahassee, Florida 32308

*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.*



Albert C. Penson

8. **Effective Date.** The effective date of the limited liability company shall be:

September 15, 2005



Traig Williams  
Managing Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)