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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Provision Onlinited L.L.C. (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Gregory P. Wh: Hangton		
(Mario di Fotoli)		
(Firm/Company)		
035 11 2-03		
(Address)		
(I) (I) (I) (I) (I)		
(City/State and Zip Code)	>	
	Σ	
For further information concerning this matter, please call:	그 •	<u></u>
6000 Whithhalan 200 705-8899	05.007.25 AMII: 45	JLE0
(Name of Person) (Area Code & Daytime Telephone Number)	<u>=</u>	
Enclosed is a check for the following amount:	יור בי	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$155.00 Filing Fee & Certificate of Status \$\bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
935 Hwy 2297 Ponama City, El 32404	975 Hwy 2297 Yanama City, A 32404 35 35
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations) business entity with an active Florida registration.) The name and the Florida street address of the registration.	Office, & Registered Agent's Signature:
Gregory P. Name	1 1 1 1 2
	iress (P.O. Box <u>NOT</u> acceptable) FL 32404 und Zip

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Name and Address:		
Gregory P. Whittington 938 they sags		
Bonita J. Whittington 935 Huy 2297		
Ricky Robbins 5332 Stewart Dr		
Terry Robbins 5332 Stewart Dr		
date of filing: Oct31205 (OPTIONAL)	or	
er or an authorized representative of a member. Stitution 608.408(3), Florida Statutes, the execution intutes an affirmation under the penalties of perjury herein are true.)	05 0CT 25 AFII: 15	FII,ED
i	Gregory P. Whithington 938 they 2297 Panama City, FI 32404 Bonita J. Whithington 938 they 2297 Panama City, FI 32404 Ricky Robbins 5332 Stewart Dr Panama City, GI 32404 Levy Robbins 5332 Stewart Dr Panama City, GI 32404 date of filing: Oct31205 (OPTIONAL) e specific and cannot be more than five business days price tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of periury	Gregory P. Whitington 935 they 2297 Panama City, FI 32404 Bonita J. Whitington 935 they 2297 Panama City, FI 32404 Ricky Rabbins 5332 Stewart Dr Panama City, GI 32404 Lerry Robbins 5332 Stewart Dr Panama City, GI 32404 date of filing: Oct 31 2005 (OPTIONAL) expecific and cannot be more than five business days prior tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.) La J. Whithadon

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)