L05000110254

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Ce	ertificates of Status

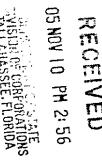
300061007363

OS NOV TO ANTO: O4

Special Instructions to Filing Officer:

(15A0006)

Office Use Only





ACCOUNT NO.: 072100000032 REFERENCE: 700140 81034A Cyutha & Harri COST LIMIT: \$ 155.00 ORDER DATE: November 10, 2005 ORDER TIME: 11:29 AM ORDER NO. : 700140-005 CUSTOMER NO: 81034A DOMESTIC FILING NAME: 28 WALTER MARTIN ROAD, LLC EFFECTIVE DATE: XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY CONTACT PERSON: Cindy Harris - EXT. 2937 EXAMINER'S INITIALS: · (* **)



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 14, 2005

CINDY HARRIS CSC TALLAHASSEE, FL

SUBJECT: 28 WALTER MARTIN ROAD, LLC

Ref. Number: W05000050696

STATE

AND GIVE

Submission date as me sate of

We have received your document for 28 WALTER MARTIN ROAD, LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

Please list a STREET ADDRESS for the R.A. in Article III.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 105A00067282

RECEIVED

OS NOV 14 PM 12: 55

OF NOV 14 PM 12: 55

ARTICLES OF ORGANIZATION

OF

28 WALTER MARTIN ROAD, LLC



ARTICLE I ~ Name

The name of the limited liability company shall be 28 Walter Martin Road, LLC.

ARTICLE II ~ Address

The street address of the principal office of the Limited Liability Company shall be 24 Walter Martin Road, Suite 3, Fort Walton Beach, Florida 32548, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

The mailing address for the Limited Liability Company shall be Post Office Box 1329, Fort Walton Beach, Florida 32549.

ARTICLE III ~ Registered Agent, Registered Office & Registered Agent's Signature

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

Michael Wm Mead 24 Walter Martin Road, Suite 3 Fort Walton Beach, FL 32549-1329

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

MICHAEL WM MEAD ATTORNEY AT LAW 24 WALTER MAHLIN ROAD P. O. DRAWER 1329 FORT WALTUN BEACH, FLORIDA 32049-1329 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.

Michael Wm Mead Registered Agent's Signature

ARTICLE IV ~ Management

IXI This Limited Liability Company is a member-managed company.

This Limited Liability Company is a manager-managed company.

MICHAEL Wm MEAD Signature of member

In accordance with §608.408(3) Florida Statutos, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Michael Wm Mead

Date signed

STATE OF FLORIDA COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this _____ day of November, 2005 by Michael Wm Mead, who is personally known to me.

Notary Public

My Commission Expires:

SHERRILL A. DYCUS
MY COMMISSION & DO 368092
EXPIRES: Novamber 2, 2008
Bonded Thru Notice Public Underwisets