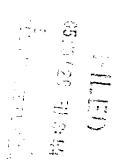


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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Certified CopiesCertificates of Status
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11/28/05--01021--011 **125.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: THE CRACKER GROUP,	LLC	
	Liability Company)	
The enclosed Articles of Organization and fee(s) are sub-	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
MICHAEL S. MILLER		
(Nz	ame of Person)	
YANCEY, MILLER & BOWN		
(Fi	rm/Company)	
560 NEFF AVENUE, SUITE 500		
	(Address)	
HARRISONBURG, VA 22801		
(City/s	tate and Zip Code)	
For further information concerning this matter, please ca	ılı:	
MICHAEL S. MILLER	(Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
THE CRACKER GROUP, LLC			
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address:			
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
Timelpar Office Address.	Manne - Radiossi		
THE CRACKER GROUP, LLC	THE CRACKER GROUP, LLC		
9220 SW 149TH LANE	PO BOX 1273		
LAKE BUTLER, FL 32054	VERONA, VA 24482		
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:		
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual of another			
business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:			
WILLIAM T. DETTOR, III			
Name			
9220 SW 149TH LANE			
Florida street address (P.O. Box NOT acceptable)			
LAKE BUTLER,	20054		
City, State, a			
Having been named as registered agent and to a	accept service of process for the above stated limited		

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Manager	ing Member	Name and Address:		
MGRM		WILLIAM T. DETTOR, III 9220 SW 149TH LANE LAKE BUTLER, FL 32054		
MGRM		PO BOX 1273 VERONA, VA 24482		
(Use attachment if	202025077)			
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)				
REQUIRED SIGNATURE:				
Signature of a member or an authorized representative of a member.				
(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.)				
Typed or printed name of signee				

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)