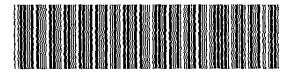
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## **COVER LETTER**

TO:	legistration Section Division of Corporations	
SUBJ	r: Four Rivers Holdings, LLC	
	(Name of Limited Liability Company)	
The er	sed Articles of Organization and fee(s) are submitted for filing.	
Please	urn all correspondence concerning this matter to the following:	
	Richard L. Coleman	-
	(Name of Person)	
	Goleman, Talley, Newbern, Kurrie, Preston & Holland, LLP (Firm/Company)	,
	Post Office Box 5437 (Address)	
	Valdosta, Georgia 31603(City/State and Zip Code)	
For fu	er information concerning this matter, please call:	
	Richard I., Coleman at (229 ) 242-7562	
Enclo	(Name of Person) (Area Code & Daytime Telephone Number)	7]
X \$12	O Filing Fee \$\sum \\$130.00 Filing Fee & \sum \\$155.00 Filing Fee & \sum \\$160.00 Filing Fee,  Certificate of Status Certified Copy Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)	1
	Mailing Address  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Mailing 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:
Four Rivers Holdings, LLC (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:
658 Bay City Road Post Office Box 397 Apalachicola, Florida 32320 Apalachicola, Florida 32320
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 or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:
Gill: Antry Name
ivame
658 Bay City Road CF 를
Florida street address (P.O. Box NOT acceptable)
Apalachicola, FL 32320 City, State, and 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

(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:
"MGR" = Manager	
"MGRM" = Managing Memb	er
	Gill Autry
MGR	658 Bay City Road
	Apalachicola, Florida 32320
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(Use attachment if necessary)	
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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)