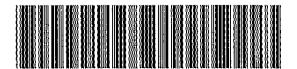
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Co | | | | |
|---------------------------------------|---|--|----------------|---|
| SUBJECT: Holly, | L.L.C. | d Liability Compan | w) | |
| | (Hame of Emme | i Biability Compan | <i>y)</i> | |
| The enclosed Articles o | f Organization and fee(s) are st | ubmitted for filing. | | |
| Please return all corresp | ondence concerning this matte | r to the following: | | |
| James Vi | scome | | | |
| | 0 | Name of Person) | | |
| | | | | |
| | (| Firm/Company) | | |
| 5732 Mu | irfield Village Circ | cle | | |
| | | (Address) | | |
| Lake Wo | orth, FL 33463 | | | |
| | - | /State and Zip Code) | | |
| | | | | |
| For further information | concerning this matter, please | call: | | |
| Jackie Viscom | e | at (561 | 969-366 | 66 |
| | e of Person) | (Area Code | | lephone Number) |
| Enclosed is a check for | or the following amount: | | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Fill Certified Copy (additional copy is | • | S160.00 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 | Registratio Division o Clifton Bu 2661 Exec | of Corporation | ns |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compa | ny is: |
|---|---|
| Holly, L.L.C. | "Limited Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: | the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 5732 Muirfield Village Circle | 5732 Muirfield Village Circle |
| Lake Worth, FL 33463 | Lake Worth, FL 33463 |
| business entity with an active Florida registration.) The name and the Florida street address of James Viscome | f the registered agent are: |
| 5732 Muirfield Villa | age Circle |
| | reet address (P.O. Box NOT acceptable) |
| Lake Worth, FL 3346; City, | 3 FL State, and Zip |
| liability company at the place designat registered agent and agree to act in this co statutes relating to the proper and comp | and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and 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:

| MGR | James Viscome | |
|--|---|---------------|
| | 5732 Muirfield Village Circle | |
| | Lake Worth,FL. 33463 | |
| MGRM | Jackie Viscome | |
| | 5732 Muirfield Village Circle | |
| | Lake Worth,FL. 33463 | . |
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| <i>a</i> , , , , , , , , , , , , , , , , , , , | | 1 |
| (Use attachment if necessary) | 1-1-11- | |
| LE V: Effective date, if other than | the date of filing: $12/31/05$ | PTIONA |
| | st be specific and cannot be more than five bus | iness dav |

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.)

James Viscome

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)