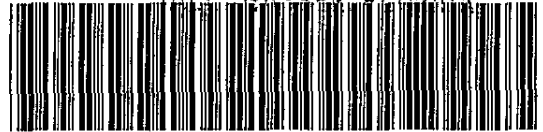


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2006 JAN -6 P 2: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



200062768182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRAPPE & DUSSEAUT, P.A.
ATTORNEYS AT LAW
236 McKenzie Avenue
POST OFFICE BOX 2526
PANAMA CITY, FLORIDA 32402-0160

Owen S. Trappe, Jr.
Brian A. Dusseault

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SECRET
Telephone (850) 769-6139
TALLAHASSEE, FLORIDA
Facsimile (850) 769-6111

January 4, 2006

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: BLOOD IS THICKER THAN WATER, LLC

Dear Sir or Madam:

Please find enclosed an original and copy of the Articles of Organization for BLOOD IS THICKER THAN WATER, LLC, Certificate Designating Place of Business for Designated Agent and Transmittal Letter regarding the above referenced limited liability corporation. I also enclose a check for \$125.00 which represents the filing fee and designation of resident agent.

I would appreciate you returning to my office a stamped copy of the Articles of Organization and Designation of Resident Agent in the self-addressed stamped envelope that I have provided to you. If you have any questions regarding the enclosed documents, please do not hesitate to telephone my office.

Thank you for your prompt attention to this matter.

Sincerely,

Per Dictation,
Signed in the absence
of Mr. Trappe, in order
to avoid further delay.

Stan Trappe

ST/dr
Enclosures

FILED

ARTICLES OF ORGANIZATION FOR ~~THE~~ BLOOD IS THICKER THAN WATER, LLC

ARTICLE I

The name of the Limited Liability Company is BLOOD IS THICKER THAN WATER, LLC

ARTICLE II

The mailing address of the Limited Liability Company's initial registered office is
BLOOD IS THICKER THAN WATER, L.L.C., 2202 State Ave. Suite 201, Panama City, FL
32405 address of the principal office of the Limited Liability Company is 2202 State Ave.
Suite 201, Panama City, FL 32405.

ARTICLE III

The name and the Florida street address of the registered agent is DR. KAMEL
ELZAWAHRY, 2202 State Ave. Suite 201, Panama City, FL 32405.

ARTICLE IV

The name and address of the Managing Member is:

1. Dr. Kamel Elzawahry, 2202 State Ave. Suite 201, Panama City, FL 32405.

ARTICLE V

The names and addresses of the Members are as follows:

1. Kamel Elzawahry and wife Joan Elzawahry, 2202 State Ave, Suite 201,
Panama City, FL 32401.
2. Kamal Zawahry, 3011 Kings Harbour Rd., Panama City, FL 32405.
3. Tamam Elzawahry and wife ~~Mariam Elzawahry~~, 3018 Kings Harbour Rd., Panama
City, FL 32405.


Dr. KAMEL ELZAWAHRY

SIGNATURE OF MEMBER OR AUTHORIZED REPRESENTATIVE OF A MEMBER

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.


DR. KAMEL ELZAWAHRY

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.

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2006 JAN 9 P 1:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

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P 2: 57

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS
STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

That BLOOD IS THICKER THAN WATER L.L.C., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Organization, at the City of Panama City, County of Bay, State of Florida, has named DR. KAMEL ELZAWAHRY, located at 2202 State Ave., Suite 201, Panama City, County of Bay, State of Florida, as its agent to accept service of process within this State.

12-30-05
Dated

DR. KAMEL ELZAWAHRY

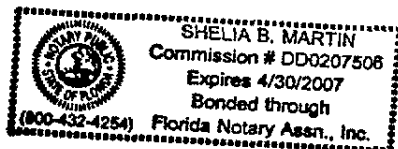
ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated organization, at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to keeping open said office.

DR. KAMEL ELZAWAHRY

STATE OF FLORIDA
COUNTY OF BAY

Sworn to and subscribed before me this 30 day of December, 2005, by DR. KAMEL ELZAWAHRY, who is personally known to me or who has produced _____ as identification.



Shelia B. Martin
Signature of Notary Public
Shelia B. Martin
Printed Name of Notary Public
Commission No.: DD0207506
Commission Expires: 4/30/07