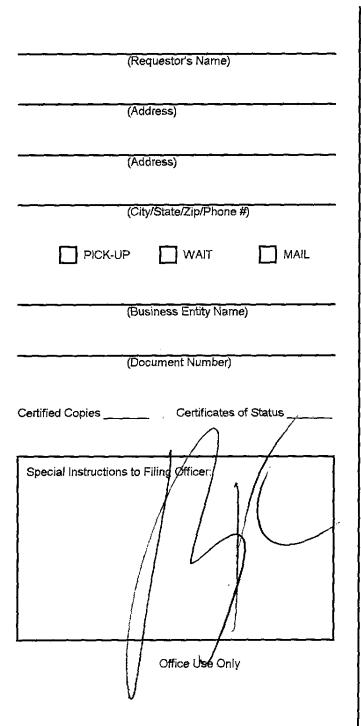
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Bullock + F	Associates, BAC.	
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		RA Resignation  Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
	, 4	Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
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Walk-In	Will Pick Up	Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ATTCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANI
ARTICLE I - Name:
The name of the Limited Liability Company is:
Bullock + Associates, LLC  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.," A STATE OF THE STATE OF
(Must end with the words Elimited Elability Company, Elimited Company of their abbreviation (Elec, of Elec., 177)
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
406 S. Ohio Avenue 406 S. Ohio Avenue
LIVE COR, FL 32069 LIVE OAK, FL 32069
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:
Donnie E. Bullock
Name
406 S. Ohio Avenue
Florida street address (P.O. Box NOT acceptable)
Live Oak = 37064

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..

City, State, and Zip

Registered Agent's Signature (REOLIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
'MGRM" = Managing Mer	mber
mgr	Donnie E. Bullock
	406 S. Ohio Avenue Live OOK FL 32064
ho A n no	
MGRM	James W. Prevatt Tr.
	LINE OOK, FL 32064
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EV: Effective date, if othe ective date is listed, the da	er than the date of filing: (OPTION te must be specific and cannot be more than five business d
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LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURI	er than the date of filing: (OPTION te must be specific and cannot be more than five business day.)
EV: Effective date, if other lective date is listed, the date days after the date of filing REQUIRED SIGNATURI	er than the date of filing: (OPTION te must be specific and cannot be more than five business dec.)  E:  Of a member or an authorized representative of a member.
LE V: Effective date, if other fective date is listed, the date days after the date of filing SEQUIRED SIGNATURI Signature of this document of this document.	er than the date of filing: (OPTION te must be specific and cannot be more than five business day.)

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)