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Certificates of Status

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02/13/06--01047--026 \*\*155.00

**LAW OFFICES**

**CARON SPEAS, P.A.**

613 St. Johns Avenue, Suite 203, Palatka, Florida 32177  
cspeas@bellsouth.net  
Telephone (386) 329-9081 ■ Facsimile (386) 329-9082

February 8, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Reed Diversified, LLC**

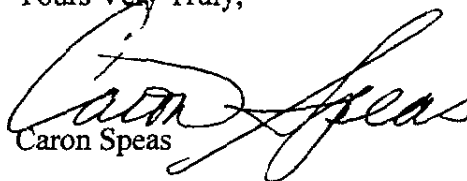
Dear Division:

Enclosed is an original and one (1) copy of the Articles of Organization, and a check for \$155.00 to cover the following fees:

Filing Fee ..... \$100.00  
Registered Agent Fee ..... \$ 25.00  
Certified Copy of Record ..... \$ 30.00

Please return the certified copy to my office at the earliest possible date.

Yours Very Truly,

  
Caron Speas

## **ARTICLES OF ORGANIZATION**

### **ARTICLE I Name**

The name of the Limited Liability Company is: Reed Diversified, LLC

### **ARTICLE II Address**

The mailing address is 4085 Reid Street, Palatka, FL 32177; the street address is 4089 Reid Street, Palatka, FL 32177.

### **ARTICLE III Registered Agent, Registered Office, and Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

Caron Speas  
613 St. Johns Avenue - Suite 203  
Palatka, FL 32177

*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, Florida Statutes.*

  
Registered Agent's Signature

### **ARTICLE IV Management**

The Limited Liability Company is to be managed by its members and is, therefore, a member-managed company.

  
Ralph E. Reed, Authorized Representative