

L0600025357

(Requestor's Name)

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(Address)

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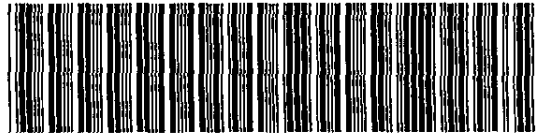
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03/10/06--01002--025 **160.00

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2006 MAR -9 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

06 MAR -9 PM 4:45

FILE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 03/09/2006

REF. #: 000162.49171

CORP. NAME: LAMB DEVELOPMENT, LLC

** Need for closing tomorrow
please send confirmation
soon as possible, thanks.*

2005 MAR 11 AM 8:01
FILED
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 516349 FOR \$ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

LAMB DEVELOPMENT, LLC

The undersigned executes these Articles of Organization of Lamb Development, LLC to form a limited liability company pursuant to the Florida Limited Liability Company Act:

ARTICLE I. NAME

The name of the limited liability company is: Lamb Development, LLC.

ARTICLE II. ADDRESS

The mailing and street address of the principal office of the limited liability company is 201 E. Kennedy Blvd., Suite 1111, Tampa, Florida 33602.

ARTICLE III. REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the limited liability company is 201 E. Kennedy Blvd., Suite 1111, Tampa, Florida 33602, and the name of the Company's initial registered agent at that address is Frank C. Silcox.

Having been named 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.

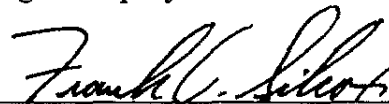


Frank C. Silcox

ARTICLE IV. MANAGEMENT OF COMPANY

The limited liability company is a manager-managed company.

EXECUTED: March 8th, 2006



Frank C. Silcox

Authorized Representative of Member

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