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(Address)

(Address)

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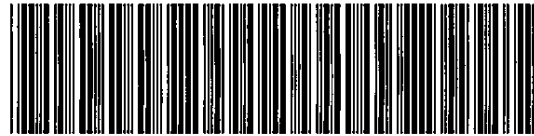
(Business Entity Name)

(Document Number)

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B. McKnight MAY 23 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HALF DOME HOLDINGS, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph D. Foley, Jr.  
(Name of Person)

Half Dome Holdings, LLC  
(Firm/Company)

498 Palm Springs Dr., Suite 100  
(Address)

Altamonte Springs, FL 32701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph D. Foley, Jr. at ( 407 ) 629-6060  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
OF  
HALF DOME HOLDINGS, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is Half Dome Holdings, LLC.

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
498 Palm Springs Drive Suite 100 Altamonte Springs, FL 32701	498 Palm Springs Drive Suite 100 Altamonte Springs, FL 32701

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Joseph D. Foley, Jr.  
498 Palm Springs Dr.  
Suite 100  
Altamonte Springs, FL 32701

*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.*

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Registered Agent's Signature


**ARTICLE IV - MANAGER OR MANAGING MEMBER**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address</u>
MGRM (Managing Member)	Joseph D. Foley, Jr. 522 Wekiva Landing Dr. Apopka, FL 32712
MGRM (Managing Member)	Carol R. Foley 552 Wekiva Landing Dr. Apopka, FL 32712

**ARTICLE V - EFFECTIVE DATE**

The effective date of the company shall be the date of filing of these Articles of Organization.

  
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)

Joseph D. Foley, Jr.  
Typed or printed name of signee

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