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DIVISION OF CORFORATIONS

B. Thorock JUL 10 2006

COVER LETTER

TO:

Registration Section

Division of Cor	rporations		
SUBJECT: Cedars	Services LLC		
50 5 650	(Name of Limited	Liability Company)	· · · · · ·
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all correspondence	ondence concerning this matte	r to the following:	
John L. Hol	llandsworth		
		Name of Person)	
	(Firm/Company)	
205 Wood	lawn Drive		
		(Address)	
Shinnston	, WV 26431		
	(City	State and Zip Code)	
For further information	concerning this matter, please	call:	
John L. Hollandsworth		at (304) 669-169	3
(Name of Person)		(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or 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 Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company	is:		
Cedars Services LLC			
(Must end with the words "Limited Liability Company, "Li	mited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:			
The mailing address and street address of the	principal office of the Limited Liability C	ompany	is:
Principal Office Address:	Mailing Address:		•
205 Woodlawn Drive	205 Woodlawn Drive	_	
Shinnston, WV 26431	Shinnston, WV 26431	<u> </u>	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. You must designate an individual or and	ire: 06 JUL -6	SECRETARY DIVISION OF CO
John L. Hollandsworth		0	SR OF
Na	me	PH	OR S
7050 SW 103 Terrace Florida street	address (P.O. Box NOT acceptable)	1: 50	Y OF STALE CORFORATIONS
Cedar Key, FL 32625 City, State	FL te, and Zip		

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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