

LUG000071232

Thomas B. Woodman

(Requestor's Name)

PO Box 10055

(Address)

Tallahassee, FL 32302

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

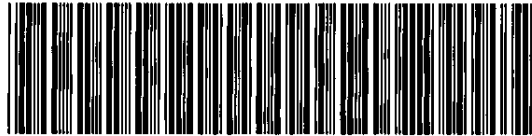
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

ARTICLE I- Name

The name of the Limited Liability Company is:

The Lundberg Company, LLC

ARTICLE II- Address

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

6753 THOMASVILLE RD, SUITE 108-202
Tallahassee, FL 32312

ARTICLE III- Duration:

The period of duration for the Limited Liability Company is :

Perpetual

ARTICLE IV- Management:

(Check the appropriate box and complete the statement)

 The Limited Company is to be managed by a manager or managers and the
name(s) and addresses(s) of such manager(s) who is /are to serve as manager(s) is/are:

 X The Limited Liability Company is to be managed by the members and the
names(s) of and addresses(s) of such managing members(s) is /are:

Andrew L. Lundberg
6753 THOMASVILLE RD, SUITE 108-202
Tallahassee, FL 32312

ARTICLE V- Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms
and conditions of the admissions shall be:

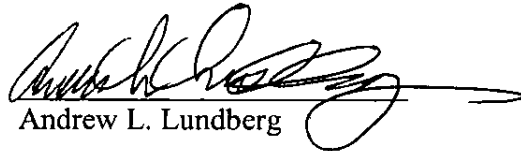
UNANIMOUS CONSENT MUST BE GIVEN BY THE MEMBERS TO ADMIT
A NEW MEMBER, ASSIGN AN INCOME INTEREST IN THE COMPANY, MAKE
DISTRIBUTIONS, OR OBLIGATE THE COMPANY IN ANY MANNER

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ARTICLE VI- Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, expulsion, bankruptcy, or dissolution of member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

THE COMPANY SHALL BE DISCONTINUED AND DISSOLVED UPON THE OCCURRENCE OF ANY OF THE ABOVE MENTIONED EVENTS, WITH THE EXCEPTION OF BANKRUPTCY, AS THEY MAY APPLY TO ANY MEMBER.



Andrew L. Lundberg

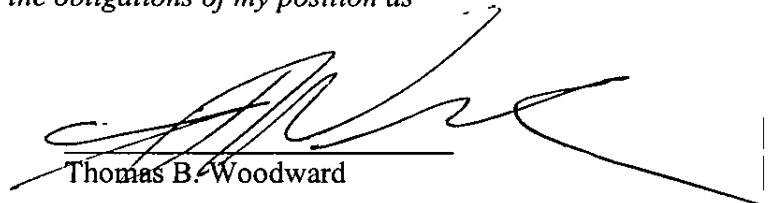
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED
OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:
2. The name and the Florida street address of the registered agent is :

Thomas B. Woodward
104 West 4th Ave.
Tallahassee, FL 32303

Having been named as registered agent and to accept service of process for above stated limited liability company at the place designated in the certificate, I hereby accept the appointment as registered agent and agree to act in the 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.



Thomas B. Woodward