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Florida Department of State
Division of Corporations
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To:

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Fax Number : (850) 205-0383

From:

Account Name : RICHARD P. PETERMANN
Account Number : I19990000049
Phone : (850) 243-8194
Fax Number : (850) 243-9692

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Holmes Capital Partners, L.L.C.

Certificate of Status	0
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ARTICLES OF ORGANIZATION
OF
HOLMES CAPITAL PARTNERS, L.L.C.

ARTICLE I
Name

The name of the Limited Liability Company shall be **HOLMES CAPITAL PARTNERS, L.L.C.** ("Company").

ARTICLE II
Address

The mailing address and principal place of business of the Company in Florida shall be 11 Elkwood Court, Shalimar, Florida 32579.

ARTICLE III
Registered Office and Agent

The name and street address of the registered agent of the Company in the State of Florida is:

John Acker
11 Elkwood Court
Shalimar, Florida 32579

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, 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

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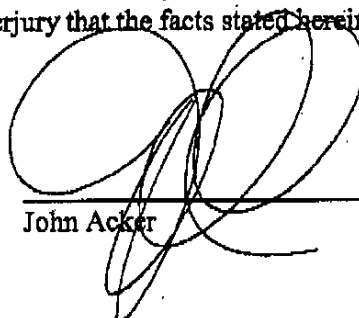
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**ARTICLE IV
Management**

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company. The Company shall be managed by **John Acker, 11 Elkwood Court, Shalimar, Florida 32579**, in accordance with the regulations of the Company. The regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization.

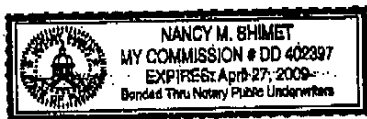
In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



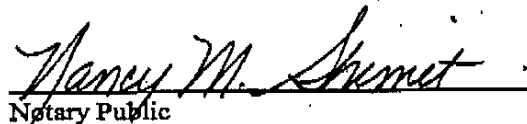
John Acker

STATE OF FLORIDA
COUNTY OF OKALOOSA

✓ Sworn to and subscribed before me this 19 day of July, 2006, by John Acker, who is personally known to me or who produced _____ as identification.



[Seal]



Notary Public

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