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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: KANETSKY, MOORE & DEBOER, P.A. Account Name

Account Number: 075350000267

Phone : (941)485-1571

Fax Number : (941) 484-7226 55

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200	Stovall Propert	ies, LLC	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

717 P

ARTICLE I - Name:

The name of the Limited Liability Company is:

STOVALL PROPERTIES, LLC

ARTICLE II - Address

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

2001 Mission Valley Blvd. Nokomis, FL 34275

ARTICLE III - Registered Agent, Registered Office, & Registered Agents's Signature:

The name and street address of the registered agent are:

Debra Stovall 2001 Mission Valley Blvd. Nokomis, FL 34275

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.

This instrument prepared by: Erik R. Lieberman, Esq. P. O. Box 1767 Venice, FL 34284-1767 941-485-1571 FL Bar #393053

ARTICLE IV - Manager(s) or Managing Member(s):

Title:

AUG. 2. 2006 3:34PM

"MGR"=Manager

"MGRM" = Managing Member

MGRs

Name and Address:

Fred Stovall

Rosemary Stovall

Scott Stoval

Debra Stovall

2001 Mission Valley Blvd.

Nokomis, FL 34275

REQUIRED SIGNATURE:

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

Debra Stovall

Typed or Printed Name of Signee

This instrument prepared by: Erik R. Lieberman, Esq. P. O. Box 1767 Venice, FL 34284-1767 941-485-1571 FL Bar #393053