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From:

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Account Number : 119980000057 Phone : (850) 973-4186

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# FLORIDA/FOREIGN LIMITED LIABILITY CO.

GALLOWAY INVESTMENTS, LLC

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# ARTICLES OF ORGANIZATION OF GALLOWAY INVESTMENTS, LLC

The undersigned subscribers to these Articles of Organization, natural persons, competent to contract, hereby executed these Articles for the purpose of forming a limited liability company under the laws of the State of Florida.

# ARTICLE I.

The name of this limited liability company is GALLOWAY INVESTMENTS, LLC.

# ARTICLE II

The period of duration for this limited liability company shall be perpetual.

# ARTICLE III.

The mailing address and street address of the principal office of this limited liability company is 3450 West Washington, Monticello, Florida 32344.

#### ARTICLE IV.

The name and street address of the initial registered agent of this limited liability company is William W. Galloway, 3450 West Washington, Monticello, Florida 32344.

#### ARTICLE V.

The only members of this limited liability company are WILLIAM W.

GALLOWAY, MELAINE GALLOWAY, WILLIAM S. GALLOWAY, and WESLYN E.

GALLOWAY. The members of this limited liability company may admit additional members to this limited liability company by unanimous vote of the members of this limited liability company.

ARTICLE VI. (((H06000221813 3)))

DIVITAS STUBBLES ATION

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

#### ARTICLE VII.

This limited liability company shall be a manager managed limited liability company and the manager is WILLIAM W. GALLOWAY, who shall have the right and authority to manage this limited liability company.

#### ARTICLE VIII.

The organizing member of this limited liability company is WILLIAM W. GALLOWAY.

IN WITNESS WHEREOF, the said members have hereunto set their hands and

seals this X day of Au A. D. 2006.

GALLOWAY INVESTMENTS, LLC

BY: WITH TANK W GAY OWAY

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COUNTY OF LEON

SECRETARY OF STATE

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County named above to take acknowledgments, personally appeared WILLIAM W. GALLOWAY, for GALLOWAY INVESTMENTS, LLC, before me known to be the person described as the organizer in, and who executed the foregoing Articles of Organization, and acknowledged before me that he subscribed to these Articles of Organization.

WITNESS my hand official seal in the County and State named above this 28th

day of August A. D. 2006.

Notary Public

My Commission Expires:

Listin D. Forehand

MY COMMISSION # DD255871 EXPIRES

November 9, 2007

ADMOST HARLIED FAM INSURANCE, INC.

SIVISIVO PRATICIONO

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OR PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH FLA. STAT. 608.415, THE FOLLOWING IS SUBMITTED:

GALLOWAY INVESTMENTS, LLC, TO ORGANIZE OR QUALIFY UNDER THE LAWS OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT 3450 WEST WASHINGTON, MONTICELLO, FLORIDA 32344, NAMES WILLIAM W. GALLOWAY, WHOSE ADDRESS IS 3450 WEST WASHINGTON, MONTICELLO, FLORIDA 32344, AND WHOSE STREET ADDRESS IS 3450 WEST WASHINGTON, MONTICELLO, FLORIDA 32344 AS ITS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA, FOR SUCH OTHER PURPOSES AS REQUIRED FOR REGISTERED AGENTS.

GALLOWAY INVESTMENTS ILLO

WILLIAM W. GALLOWAY, MANAGER

Dated: Hey S, 2006

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. I AM FAMILIAR WITH, AND ACCEPT THE OBLIGATIONS OF REGISTERED AGENT.

WILLIAM W. GALLO Registered Agent

Dated: AW J. 200

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