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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 610388 7558854

AUTHORIZATION :

COST LIMIT : \$ 125

ORDER DATE : November 20, 2006

ORDER TIME : 10:43 AM

ORDER NO. : 610388-005

CUSTOMER NO: 7558854

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TALLAHASSEE, FLORIDA

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NAME: REAMS AND REAMS, PLLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION FOR A FLORIDA PROFESSIONAL LIMITED
LIABILITY COMPANY**

ARTICLE I- NAME:

Reams and Reams, PLLC

ARTICLE II- ADDRESS:

The mailing address and street address of the principal office of Reams and Reams, PLLC is
2019 Centre Pointe Blvd., Suite 102, Tallahassee, Florida 32308.

ARTICLE III- PURPOSE:

The purpose is to provide full service accounting services.

ARTICLE IV- REGISTERED AGENT AND REGISTERED OFFICE:


Rodney E. Reams
2019 Centre Pointe Blvd., Suite 102
Tallahassee, Florida 32308

ARTICLE V- MANAGING MEMBERS:

The name and address of the Managing Members are as follows:

Rodney E. Reams
2019 Centre Pointe Blvd., Suite 102
Tallahassee, Florida 32308

Rodney A. Reams
2019 Centre Pointe Blvd., Suite 102
Tallahassee, Florida 32308



Signature of a member or an authorized representative of a member
Rodney E. Reams

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.

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 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:

REAMS AND REAMS, PLLC

2. The name and the Florida street address of the registered agent and office are:

RODNEY E. REAMS

(Name)

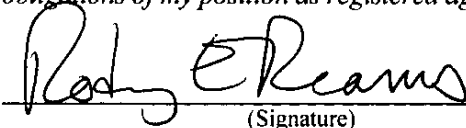
2019 CENTRE POINTE BLVD., STE. 102

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

TALLAHASSEE, FL 32308

City/State/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, Florida Statutes.



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)