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Mark J. Fraser

Attorney at Law

5347 SW 91st Terrace, Suite A Gainesville, Florida 32608

Telephone (352) 367-0444 Facsimile (352) 367-9982

December 21, 2006

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed incorporation documentation for my client, Mary Ree Pahman.

If you have any questions regarding these papers, kindly call my assistant, Thorpe, or myself.

Very Truly Yours,

Mark J. Fraser, Esquire

MJF/ttt Enclosure

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MLP, LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARY REESE PAHMAN (Name of Person)
(Name of Person)
(Firm/Company)
P.O. Box 34 LAR BR
NEW BERRY, FL 3266 P
P.O. Box 34 (Address) NEW BERRY, FL 3266F3 P (City/State and Zip Code) For further information concerning this matter please call:
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (352) 472-7777 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sim \text{\$\subseteq} \sim \text{\$\subseteq} \s
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
MLP, LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1725 NW CR 235 NEW BERRY, JEL 32669 ARTICLE III - Registered Agent, Registered	C 26 C 26
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
MARY R Name	4H MAN
1725 NW C	ess (P.O. Box NOT acceptable)
NEWBERRY City, State, ar	FL 3 2/6 9 nd 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member $ \underline{M G R'} $	MARY R, PAHMAN 1275 NW CR 235 RO. BOX 34 NEWDERRY, PL 32669
	ZONG D SECT
(Use attachment if necessary)	DEC 26 PM CRETARY OF LAHASSEE.T
ARTICLE V: Effective date, if other than the date	of filing: (OPEIONAL) cific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member or a	han authorized representative of a member.
(In accordance with section of this document constitutes	608.408(3), Florida Statutes, the execution

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

The name and address of each Manager or Managing Member is as follows:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

that the facts stated herein are true.)

Page 2 of 2

R. Pah man Typed or printed name of signee