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CAPITAL CONNECTION, INC.

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Twisted Oaks Lie	ECRETE SEE FLORING
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FLORIDA DEPARTMENT OF STATE

Division of Corporations DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

July 11, 2007

RE-SUBMIT

PLEASE OBTAIN THE ORIGINAL

FILE DATE.

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: TWISSTED OAKS, LLC.

Ref. Number: L07000045307

We have received your document for TWISSTED OAKS, LLC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Article II, the street address of the principal office must be a street address. The second address -- the mailing addresss -- could be a P.O. Box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 407A00044229

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE.

AMENDED AND RESTATED ARTICLES

OF ORGANIZATION FOR

TWISSTED OAKS, L.L.C.

A FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - BACKGROUND

The name of the Limited Liability Company is **TWISSTED OAKS**, **LLC**. The original articles of organization of Twissted Oaks, LLC were filed with the Secretary of State on April 30, 2007, bearing document number **L07000045307**. These amended and restated articles were duly executed and are being filed in accordance with F.S. 608.411.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 1340 U.S. Hwy 1, #102, Jupiter, FL 33469.

ARTICLE III - PURPOSE

This Limited Liability Company is organized to conduct any and all lawful business.

ARTICLE IV - REGISTERED AGENT

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

Name

Address

William E. Hawkins, Jr.

1340 U.S. Hwy. 1, #102, Jupiter, FL 33469

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 an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

William E. Hawkins, Jr., Esq. Registered Agent

ARTICLE IV - MANAGEMENT

The name and address of the managing member is:

Title: Managing Member

L. Dawson Rose

9 North Ridgeview Road

Stuart, FL 34996

William E. Hawkins, Jr., Esq.,

Authorized Representative of the Member

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

Filing Fee \$55 Secretary of State.