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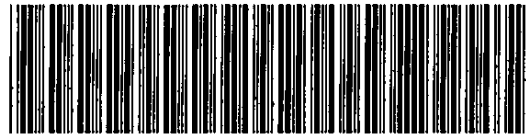
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DIVISION OF CORPORATIONS
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W. WADE WALLACE, P.A.
ATTORNEY AND COUNSELOR AT LAW

(850)837-0155
FAX (850)837-6565

10221 WEST EMERALD COAST PARKWAY SUITE 26
MIRAMAR BEACH, FLORIDA 32550

June 21, 2007

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

RE: PFC, LC

To whom it may concern:

Enclosed please find a check in the amount of \$125.00, to cover the required filing fees for the enclosed Articles of Organization. Upon filing please return the enclosed copies along with the requested Certificate of Status to this office.

Should you have any questions with regard to this matter please do not hesitate to contact this office.

Sincerely,

W. WADE WALLACE, P.A.



Jodie L. Pitman
Legal Assistant

/jlp

enclosure

ARTICLES OF ORGANIZATION OF
PFC, LC

The undersigned certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

NAME, PRINCIPAL PLACE AND MAILING ADDRESS
OF BUSINESS

The name of the limited liability company shall be **PFC, LC**, and its principal office is **1313 Broad Street, Phenix City, AL 36868** and initial mailing address shall be **Post Office Box 1268, Phenix City, AL 36868-1268**, but it shall have the power and authority to establish branch offices at any other place or places as the members may designate.

ARTICLE II
EXERCISE OF POWERS

All limited liability company powers shall be exercised by or under the authority of, and the business and affairs of this limited liability company shall be managed under the direction of, the members of this limited liability company. This Article may be amended from time to time in the regulations of the limited liability company by a unanimous vote of the members of the limited liability company.

ARTICLE III
MANAGEMENT

Management of this limited liability company is reserved to the members, whose names and addresses are as follows:

Kenneth L. Funderburk	Post Office Box 1268 Phenix City, AL 36868-1268
JEDD Family Limited Partnership	Post Office Box 1820 Phenix City, AL 36868-1820
George D. Copelan	Post Office Box 1268 Phenix City, AL 36868-1268

ARTICLE IV
MEMBERSHIP RESTRICTIONS

Members shall have the right to admit new members by unanimous consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

A member's interest in the limited liability company may not be sold or otherwise transferred, except with unanimous written consent of all members.

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

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ARTICLE V
CAPITAL CONTRIBUTIONS

Capital contributions in the amount of \$300.00 cash shall be paid to the limited liability company by the three (3) members in equal shares. Additional contributions will be made as required for investment purposes, as determined by unanimous consent of the members. Members will make contributions in equal shares.

ARTICLE VI
PROFITS AND LOSSES

(a). Profit Sharing. The members shall be entitled to the net profits arising from the operation of the limited liability company business that remain after the payment of the expenses of conducting the business of the limited liability company. Each member shall be entitled to an equal distributive share of the profits or to the distributive share of the profits specified as follows:

Kenneth L. Funderburk	33.34%
JEDD Family Limited Partnership	33.33%
George D. Copelan	33.33%

The distributive share of the profits shall be determined and paid to the members each year on the anniversary date of the commencement of business of the limited liability company.

(b). Losses. All losses that occur in the operation of the limited liability company business shall be paid out of the capital of the limited liability company and the profits of the business, or, if these sources are insufficient to cover such losses, by the members in equal shares.

ARTICLE VII
DURATION

This limited liability company shall exist until dissolved in a manner provided by law, or as provided in the regulations adopted by the members.

ARTICLE VIII
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the limited liability company is **10221 West Emerald Coast Parkway, Suite 26, Miramar Beach, FL 32550**, and the name of the company's initial registered agent at that address is **W. Wade Wallace**.

The undersigned, being the original members of the limited liability company, certify that this instrument constitutes the proposed Articles of Organization of P.F.C., L.L.C.


Executed by the undersigned on this the 19th day of June, 2007.


Kenneth L. Funderburk


George D. Copelan

Mem. Manager

FDP Management, LLC


Jedd Family Limited Partnership

STATE OF FLORIDA
COUNTY OF WALTON

Pursuant to the provisions of Sections 608.415 and 608.407(1)(d) of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the limited liability company is PFC, LC

The name of the registered agent for PFC, LC is W. Wade Wallace and the street address of the office where the agent is located is **10221 West Emerald Coast Parkway, Suite 26, Miramar Beach, FL 32550.**

This statement is to acknowledge that, as indicated above, PFC, LC has appointed me, W. Wade Wallace, as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this 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.

Dated this 21st day of June, 2007.

W. Wade Wallace
W. Wade Wallace

STATE OF FLORIDA
COUNTY OF WALTON

The forgoing instrument was acknowledged before me this 21st day of June, 2007 by W. Wade Wallace, (X) who is personally known to me/() who produced the following as identification:

WITNESS my hand and seal this 21st day of June, 2007.

Affix Seal:



Jodie L. Pitman
Type Name: _____
NOTARY PUBLIC
My Commission Expires: _____