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COVER LETTER.

TO: Registration Se Division of Cor	etion porations		
SUBJECT:	DOWDY PROPS (Name of Limited	RTY SOLUTIONS Liability Company)	, L, L, C.
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	J. Scott	ame of Person)	- ·
***************************************	Œ	irm/Company)	
	4828 JACOK	PANDO HETOKTS D	PLOUE PROPERTY
	UENTE F	(Address) L 34293 State and Zip Code)	OT AUG 13 AM 11: 13
For further information c	oncerning this matter, please o	all:	PIOA 13
5. 5.051 (Name o	TownY f Person)	at (941) 408-3 (Area Code & Daytime Tel	8109 ephone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	3

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 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: Oowo Y PROPERTY SOLUTIONS, L.L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: 4828 JACARANDA HETGHTS DRING VENTE, FL 34293 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: 4828 JACARANDA HEJEUTS ORTUE Florida street address (P.O. Box NOT acceptable) UENICE, FL 34293 City, State, and 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.

(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGR)" = Manager	Name and Address:
"MGRM" = Managing Member	J. SCOTT DOWOY 4828 JACARANDA HETENTS DRIVE UFLITZE, FL 34293
·	OT AUG 13 AM 1: 13 RECTELLA COT STATE FILORIDA TALL THE STATE FILORIDA THE STATE FI
	FOR SE
(Use attachment if necessary)	
r 90 days after the date of filing.)	the of filing: 8/10/07. (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member o	r an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury sin are true.)
J. 500 Typed	of printed name of signee

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)

19-9 DOLLARS A TITLE 65-4/630 Ft. 280 133 00/09/8 Equity Maximizer 100 300000 71168 21 10 54 549 49 40 133 DATE 8/ J. SCOTT DOWDY 06-05 4828 JACARANDA HEIGHTS DR. VENICE, FL. 34293-8068 **Bankof America** TON Stored F. PAY TO THE ORDER OF

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