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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

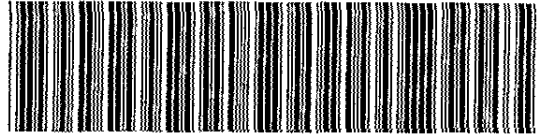
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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: T. Edmund Spinks, Esq. P.L.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ed Spinks
T. Edmund Spinks, Esq. P.L.
P.O. Box 25
Tampa, FL 33601

For further information concerning this matter, please call:
Ed Spinks at: 813-335-1458

Enclosed is a check for the following amount:
\$160.00 for Filing fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314 2661

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
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:

T. EDMUND SPINKS, ESQ. P.L.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**304 Plant Ave. S
Suite 100
Tampa, FL 33606**

Mailing Address:

**P.O. Box 25
Tampa, FL 33601**

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:

**Ed Spinks
304 Plant Ave. S
Suite 100
Tampa, FL 33606**

Having been named as registered agent and to accept service of process for the above stated professional 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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Ed Spinks
304 Plant Ave. S
Suite 100
Tampa, FL 33606

ARTICLE V: Effective date is immediate, upon the date of filing.

ARTICLE VI: Professional Limited Liability Company

This limited liability company shall be a professional limited liability company under Florida statutes chapter 621. The business of the company is limited to the profession of law and no person or entity shall be admitted as member unless he or she is qualified to practice this profession. Further, no interest can be sold except to someone so qualified.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

Donald Edmund Spinks

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA