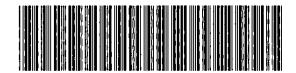
## L08000036262

| J Eugene Kellen I                                |
|--------------------------------------------------|
| , ,                                              |
| 1558 MARION AVE                                  |
| (Address)                                        |
| (Address)                                        |
|                                                  |
| 701/01 4550e 7 32363<br>(City/State/Zip/Phone #) |
|                                                  |
| PICK-UP WAIT MAIL                                |
|                                                  |
| (Business Entity Name)                           |
|                                                  |
| (Document Number)                                |
|                                                  |
| Certified Copies Certificates of Status          |
|                                                  |
| Special Instructions to Filing Officer:          |
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SECRETARY OF STATE
ALLAHASSEE FLOATE

J. BRYAN

APR 1 0 2008

**EXAMINER** 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Cor                                                    | mpany is:                                                                                                                                   |                                             |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Kelley<br>vek ren                                                                                          | TALS, LLC.                                                                                                                                  |                                             |
| (Must end with the words "Li                                                                               | imited Liability Company, "L.L.C.," or "LLC.")                                                                                              |                                             |
| ARTICLE II - Address: The mailing address and street address                                               | s of the principal office of the Limited Li                                                                                                 | ability Company is:                         |
| Principal Office Address:                                                                                  | <b>Mailing Address:</b>                                                                                                                     |                                             |
| 1598 Marion Avenue<br>Tallahassee, FL 32303                                                                | P.O. Box 615<br>Tallahassee, FL 32                                                                                                          | 2302                                        |
| (The Limited Liability Company cannot serve as its<br>business entity with an active Florida registration. |                                                                                                                                             | idual or another                            |
| The name and the Florida street addres                                                                     | ss of the registered agent are:                                                                                                             | 08 APR 10<br>SECRE TARY                     |
| J. Eu                                                                                                      | gene Kelley, Jr.                                                                                                                            | 一 经产品                                       |
|                                                                                                            | Name                                                                                                                                        | AR IO                                       |
| 1598                                                                                                       | Marion Avenue                                                                                                                               |                                             |
| Florid                                                                                                     | la street address (P.O. Box NOT acceptable)                                                                                                 | FES :                                       |
|                                                                                                            | assee FL 32303<br>City, State, and Zip                                                                                                      | R 10 PM 1: 18 TARY OF STATE HASSEE, FLORIDA |
| liability company at the place desig                                                                       | nt and to accept service of process for the<br>mated in this certificate, I hereby accept th<br>is capacity. I further agree to comply with | above stated limited<br>e appointment as    |

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..

Resistered Agent's Signature (REOURED)

(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:

| Title: "MGR" = Manager "MGRM" = Managing Member                                | Name and Address:                                                                                             |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| MGRM                                                                           | J. Eugene Kelley, Jr.                                                                                         |
|                                                                                | 1598 Marion Avenue                                                                                            |
|                                                                                | Tallahassee, FL 32303                                                                                         |
|                                                                                |                                                                                                               |
|                                                                                |                                                                                                               |
| <del></del>                                                                    | TALL SEE                                                                                                      |
|                                                                                | PR                                                                                                            |
|                                                                                | ASSEE, FLOR                                                                                                   |
| ····                                                                           | file                                                                                                          |
|                                                                                |                                                                                                               |
| (Use attachment if necessary)                                                  |                                                                                                               |
|                                                                                | tte of filing: (OPTIONAL                                                                                      |
| ffective date is listed, the date must be s<br>days after the date of filing.) | pecific and cannot be more than five business days                                                            |
|                                                                                |                                                                                                               |
| REQUIRED SIGNATURE:                                                            |                                                                                                               |
|                                                                                | Eum Kell 1                                                                                                    |
| Signature of a member o                                                        | r an authorized representative of a member.                                                                   |
|                                                                                | on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.) |
| J. Euge                                                                        | ene Kelley, Jr.                                                                                               |

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)