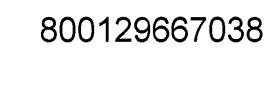
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COVER LETTER

	•		•		
TO:	Registration Section Division of Corpora				
SUBJE	ct: Lar	Name of Limi	5/84 ted Liability Company)	Wood	/worl
The enc	losed Articles of Orga	anization and fee(s) are	submitted for filing.		
Please r	eturn all corresponder	nce concerning this ma	ter to the following:		
	i	larry V	Mos/ay (Name of Person)		
-		7	(Name of Person)	·	
-		· · · · · · · · · · · · · · · · · · ·	(F:/C)		
	_		(Firm/Company)	0. /	
		18 Jer	be Loy (Address)	Blug.	
		^	(Address)		
_		Panacea	F_{q} . ty/State and Zip Code)	3734	16
		. (Ci	ty/State and Zip Code)		
For furth	ner information conce	rning this matter, pleas	e call:		
			at (S S) (Area Code &	745	1581
	(Name of Per	son)	(Area Code &	Daytime Telep	none Number)
Enclose	ed is a check for the	following amount:			
]\$125.0		130.00 Filing Fee & ertificate of Status	\$155.00 Filing For Certified Copy (additional copy is constitutional copy in constitutional copy in constitutional copy is constitutional copy in constitutional copy in constitutional copy is constitutional copy in constitutional copy in constitutional copy is constitutional copy in cop		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Re Div . P.(niling Address gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Street/Courie Registration S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations ling ive Center Ci	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ed Liability Company	is:	
Lorry	Mosley	Wood woy/{ iability Company, "L.L.C.," or "LLC	140
(Must en	d with the words "Limited Li	iability Company, "L.L.C.," or "LLC	.")
ARTICLE II - Addre The mailing address ar		e principal office of the Lim	ited Liability Company is
Principal Office Addı	ress:	Mailing Address:	
	Loy Blud	Same	·
	ny cannot serve as its own Reserving Cannot serve as its own Reserving Cannot Reserve as its own Reserving Cannot Reserve as its own Reserve Associated Reserve	red Office, & Registered A egistered Agent. You must designate the registered agent are: Mosley me Log Bla address (P.O. Box NOT acceptable) 7 FL 32346 te, and Zip	an individual or another OR MAY 23 AM IO: 2 SECRETARY OF STA Ole Ole

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Man: "MGRM" = Ma	ager anaging Member	Name and Address:
MG RY	<u>n</u>	Lawy Mosley 208 Fer he Loy Blud Panacea Pla 32346
		
(Use attachmen	• •	L. CCU (OPTIV
fective date is li	isted, the date must l	e date of filing: (OPTION
fective date is li days after the o	isted, the date must l date of filing.)	be specific and cannot be more than five business
LE V: Effective fective date is lidays after the control of the co	isted, the date must l date of filing.) IGNATURE:	be specific and cannot be more than five business ALCO AHAR ASSET AS

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)