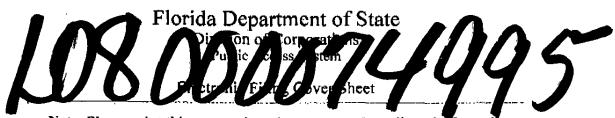
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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : CONTRACTOR BUSINESS SERVICES, INC.

Account Number : I19990000053 Phone : (800)571-4777

Fax Number : (727)869-6660

ORIDA/FOREIGN LIMITED LIABILITY CO.

Grant Construction Management, LLC

Certificate of Status	1
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Articles of Organization

Articles of Organization for

Grant Construction Management, LLC

A Florida Limited Liability Company

ARTICLE I NAME

The name of the Limited Liability Company is:

Grant Construction Management, LLC

ARTICLE II

ADDRESS

The mailing address of the principal office is: P.O. Box 15906 - Tallahassee, Florida 32317
The street address of the principal office is: 1464 Marion Avenue - Tallahassee, Florida 32303

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and address of the registered agent and office is:

Purker Grant 1464 Marion Avenue Tallahassee, Florida 32303

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 provided for in Chapter 608, F.S.

Registered Agent's Signature	Key Gran	*
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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The name(s) and address(es) of the managing manager(s) is/are.

Parker Grant - 1464 Marion Avenue - Tallahassee, Florida 32303

ARTICLE V ADMISSION OF ADDITIONAL MEMBERS

The members shall have the right to admit additional members upon the written consent of altimem

ARTICLE VI MEMBERS RIGHTS TO CONTINUE BUSINESS

The members shall have the right to continue the business on the death, retirement, resignation expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company by executing a written consent to continue to do such business.

ARTICLE VII EFFECTIVE DATE AND DURATION

The effective date of the Limited Liability Company shall be upon filing of these Articles with the Secretary of State of Florida and the period of duration for the Limited Liability Company shall be Perpetual.

IN WITNESS WHEREOF, I (WE), the undersigned member(s), have hereunto set our hands and seals this 29 day of _____, 20 05 for the purpose of forming this Limited Liability Company under the laws of the State of Florida, this Article of Organization, and 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.

WITNESSES:

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