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K. SALY
EXAMINER

AUG 30 2011

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
JOHN M. LOCKWOOD, LLC**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

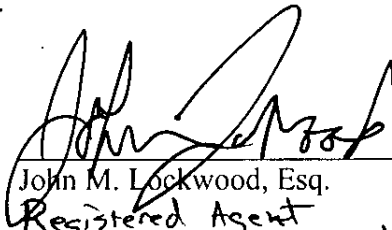
The name of the Limited Liability Company is John M. Lockwood, LLC (hereinafter referred to as the "Company").

2. MAILING ADDRESS AND STREET ADDRESS OF PRINCIPAL OFFICE.

The mailing address and street address of the place of business in Florida for the Company is 2782 Summer Meadow Lane, Tallahassee, Florida 32303. Such address may be changed from time to time as provided in the Operating Agreement.

3. REGISTERED AGENT.

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 the Florida Limited Liability Company Act.



John M. Lockwood, Esq.

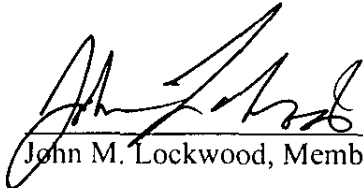
Registered Agent

2782 Summer Meadow Lane
Tallahassee, FL 32303

4. MANAGEMENT.

The management of the Company shall be reserved to the Members.

Executed at Tallahassee, Florida, on the 30th day of August, 2011.


John M. Lockwood, Member

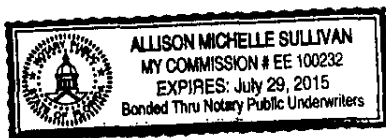
STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before me this ____ day of August, 2011, by John M. Lockwood, a member of John M. Lockwood, LLC, a Florida limited liability company, on behalf of the Company. He is personally known to me.


NOTARY PUBLIC - STATE OF FLORIDA

(SEAL)



Allison Michelle Sullivan
Print, Type or Stamp Name of Notary Public