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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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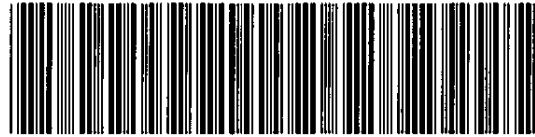
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Greg Wilson Law, LLC

Signature _____

Requested by: Seth

12/09

Name _____

Date _____

Time _____

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____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
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____ Art. of Amend. File _____
____ RA Resignation _____
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____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I- NAME:

The name of the Limited Liability Company is:

Greg Wilson Law, LLC

ARTICLE II - ADDRESS:

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

Principal Office Address:

621 Barton Avenue
Panama City, Florida 32404

Mailing Address:

Post Office Box 1071
Panama City, Florida 32402

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ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

Name: Gregory T. Wilson

Address: 621 Barton Avenue

City, State, and Zip Code: Panama City, Florida 32404

Having been named as registered agent and to accept service of process for the above state 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 605 Florida Statutes.



Registered Agent's Signature

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

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

Title:

"MGR" = Manager

MGRM" = Managing Member

MGR/President -

Gregory T. Wilson

P. O. Box 1071

Panama City, Florida 32402

MGRM/Vice President-

Gregory T. Wilson

P. O. Box 1071

Panama City, Florida 32402

MGRM/Treasurer-

Gregory T. Wilson

P. O. Box 1071

Panama City, Florida 32402

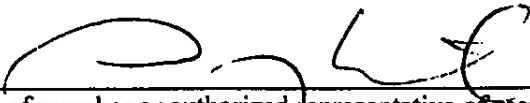
MGRM/Secretary-

Gregory T. Wilson

P. O. Box 1071

Panama City, Florida 32402

REQUIRED SIGNATURE:



Signature of member or authorized representative of member
Gregory T. Wilson

(In accordance with section 605.0201(4), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in S. 817.155, F.S.)

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the mentioned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent and registered office, in the State of Florida.

1. The name of the company is:

Greg Wilson Law, LLC

2. The name and address of the registered agent is:

Gregory T. Wilson
Post Office Box 1071
Panama City, Florida 32402

3. The address of the registered office is:

621 Barton Avenue
Panama City, Florida 32404

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TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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 COMPANY 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.



GREGORY T. WILSON, REGISTERED AGENT