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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
Oak Shadows, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Oak Shadows, LLC

ARTICLE II - Address:

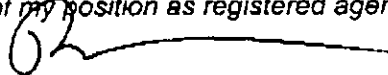
The mailing address and street address of the principal office of the Limited Liability Company is:

5700 Flaxman Street
Pensacola, Florida 32506**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Robert F. Greene, Esq.
601 12th Street West
Bradenton, Florida 34205

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 property 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, F.S.



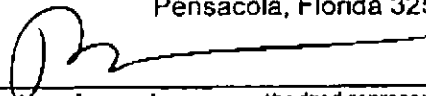
SIGNATURE

ARTICLE IV - Management:

The name and address of each person/entity authorized to manage and control the limited liability company:

Title:
MGR**Name and Address:**
Grif A. Leek
5700 Flaxman Street
Pensacola, Florida 32506

MGR

Lisa L. Leek
5700 Flaxman Street
Pensacola, Florida 32506

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), 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 in section 817.155, Florida Statutes)

Robert F. Greene

Typed or printed name of signee

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