November 7, 1995 - 1995

Department of State Division of Cosporations P.C. Box 6327 Tallahassee, Fl. 32314

000001634200 -11/13/95--01040--022 ****293.75 ****293.75

Dear Sir/Maden,

Please process the application for Continents wood Monegement, LLC as a Florida Limited Liability Company. The check is enclosed. Blackind a UPS overnight cirbill to return the completed paperwork.

MAN

Sencerely, Morman belown Registered agent

11-9-95

1-800-714-8620

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

CONTINENTAL WOOD MANAGEMENT, L. C.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company

1325/ Eastern Avenue Palmetle, FL. 34221

ARTICLE III - Duration:
The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management: (check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Gordon Cole. 13251 Fastern Avenue, Palmetto, FL. 34821

J. Phil Pons 1301 NE 14th Street, Ocala, FL 34470

Bent Peterson "Weald House", 88 Main Road, Sunridge Sevenoats, Kent, TN146ER, United Kingdom

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

AFFIDAVIT OF MEMBERSTUP AND CONTREBUTIONS

The undersigned member or authorized representative of a member of

CONTINENTAL Wood Management 4-5, deposes and says:

1) the above named limited liability company has at least two members

- 2) the total amount of cash contributed by the member(s) is \$ 50,000
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ ______. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$_50,000_. This total includes amounts from 2 and 3 above.

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGN TING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:_	Continental Wood Management,
L-C.	
2. The name and address of the registered ager Norman ADAms	nt and office is: ALLMIASSEE, FLOTESTA
2838 NE 7 th St (P.O. Box or Mail Drop Ocala, FL 3447	Box NOI acceptable)
(City/Sta	te/Zip)

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.

Movember 7, 1995
(Signature) November 7, 1995