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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: WRIGHT MANUFACTURING L.C.

(Proposed limited liability company name - must include suffix))

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit \$ 35.00 Designation of Registered Agent

FROM: MICHAEL D. WRIGHT Name (Printed or typed)

2029 STATE ROAD 64 WEST

Address

AVON PARK, FL. 33825

City, State &: Zip

941-453-7751

Daytime Telephone number

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W. P. Verliver

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

WRIGHT MANUFACTURING L.C.

ARTICLE II - ADDRESS:

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPLE OFFICE OF THE LIMITED LIABILITY COMPANY IS:

WRIGHT MANUFACTURING L.C. 2029 STATE ROAD 64 WEST AVON PARK, FLORIDA 33825

ARTICLE III - DURATION:

THE PERIOD OF DURATION FOR THE LIMITED LIABILITY COMPANY SHALL BE:

PERPETUAL

ARTICLE IV - MANAGEMENT:

THE LIMITED LIABILITY COMPANY IS TO BE MANAGED BY A MEMBER AND THE NAME AND ADDRESS OF THE MANAGING MEMBER IS:

MICHAEL D. WRIGHT 2029 STATE ROAD 64 WEST AVON PARK, FL. 33825 OI of BH of STATE

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of WRIGHT MANUFACTURING L.C. deposes and says:

2) the total amount of cash contributed by the member(s) is	\$ 1,012.59
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.	\$ 29,810.82
4) the amount of cash or property anticipated to be contributed by member(s) is	\$ 0
5) the total amounts of 2, 3 and 4 is	\$ 30,823.41
6) all contributions are by MICHAEL D. WRIGHT	

Michael D. Wright 3-2-98

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)

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTIES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICER/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: WRIGHT MANUFACTURING L.C.
- 2. The name and address of the registered agent and office is:

MICHAEL D, WRIGHT

2029 STATE ROAD 64 WEST (P. O. BOX NOT ACCEPTABLE)

AVON PARK, FL. 33825 (CITY,STATE/ZIP) SECRETATION OF STATE

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.

(SIGNATURE)

Michael N. Wright

(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent