Division of Corporations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

: (850)922-4003 Fax Number

From:

Account Name : MILAM, OTERO, LARSEN, DAWSON & TRAYLOR, Account Number : 105543000740

Phone : (904) 798-3700 Fax Number : (904)798-3730

LIMITED LIABILITY COMPANY

1400 Mayport Road, L.L.C.

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ARTICLES OF ORGANIZATION

OF

1400 Mayport Road, L.L.C.

Pursuant to the Florida Limited Liability Company Act, Chap. 608, Florida Statutes (1995), as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

ARTICLE 1 NAME

The name of this limited liability company (the "Company") shall be 1490 Mayport Road, L.L.C.

ARTICLE II DURATION

Unless earlier terminated pursuant to the Act or the regulations (as defined in §608.402(13) of the Act) of this Company, the period of its duration shall be perpetual.

ARTICLE III ADDRESS

The mailing address and the street address of the principal office of this Company shall be 55 North Roscoe Boulevard, Ponte Vedra Beach, Florida 32082.

ARTICLE IV REGISTERED AGENT

The initial registered office of this Company shall be 50 North Roscoe Boulevard, Ponte Vedra Beach, Florida 32082, and its initial registered agent at such office shall be Kirt Lynch.

ARTICLE V ADDITIONAL MEMBERS

Pursuant to §608.407(1)(e), Florida Statutes, additional members may be admitted upon the approval by the then current members owning one hundred percent (100%) of the membership interests.

ARTICLE VI CONTINUATION OF BUSINESS

Pursuant to §608.407(1)(f), Florida Statutes, the remaining members of this Company shall have the right to continue the Company's business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of the member in this Company.

ARTICLE VII MANAGEMENT OF THE COMPANY

This Company will be managed by one of its members in accordance with and subject to the requirements of the Act and the regulations of this Company. The name and address of the initial Managing Member (as defined in §608.402(9) of the Act), who shall serve as Managing Member until the first annual meeting of the members or until its successor is elected and qualifies, is as follows:

Kirt Lynch 55 North Roscoe Boulevard Ponte Vedra Beach, Florida 32082

IN WITNESS WHEREOF, the undersigned, a member of this Company, has executed these Articles of Organization on behalf of this Company in accordance with §608.407(4) of the Act.

STATE OF FLORIDA COUNTY OF DUVAL

1400 MAYPORT ROAD, L.L.C

Sworn to and subscribed before me

this day of Felanary 1999

me: Kirt Lynch

Its: Managing Member

Notary Public, State of Florida

Print Name:

My Commission Expires:

SHARON STARLING MY COMMISSION # CC438256 EXPIRES February 12, 1999

DONDED THRU THOY FAIL INSURANCE, INC.

H99000002979

CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

In compliance with Chapter 608, Florida Statutes (1995), as amended from time to time (the "Act"), the following is submitted:

1400 Mayport Road, L.L.C., desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates Kirt Lynch, as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 55 North Roscoe Boulevard, Ponte Vedra Beach, Florida 32082.

DATED this 51/4 day of Keloury, 1999.

1400 MAYPORT ROAD, L.L. C. S. T. Name: Kirt Lynch
Its: Managing Member

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

DATED this 5th day of february, 1999.

Kirt Lynch, as Registered Agent

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared Kirt Lynch, the Managing Member of 1400 Mayport Road, L.L.C. (the "Company"), pursuant to Florida Statutes Section

608.40	07(2) and after having been duly sworn, here	by affirms the following:	Statutes Section		
1.	The Company has at least one (1) member.				
2.	The actual amount of cash contributed to date of the member(s) is:		\$1,000.00		
3.	The agreed value of any property other than	n cash contributed is:	\$ -0-		
4.	The total amount of cash or property anticipated to be contributed by the member(s) at this time (exclusive of the \$1,000.00 contributed to date) is: \$1,000.00				
	FURTHER AFFIANT SAYETH NOT.	-	99 SE		
Under the penalties I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.					
	Dated: 5th day of February	, 1999.			
		1400 MAYPORT ROAD, L.	LATE 4: 20		
	Kirt Lynch, as Managing Member				
The foregoing Affidavit of Membership and Contributions of 1400 Mayport Road, L.L.C., a Florida limited liability company (the "Company"), was executed, acknowledged and delivered before me this before					
[SEAL	.]	9-6			
or Produc	ally known: ed identification: f identification produced: #UDL	Notary Public Print Name: Commission Number: Commission Expires:			
		February	STAFILING CC498258 EXPIRES 12. 1999 HAIN INSURANCE, INC.		