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WILLIAM J. RISH
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TELEPHONE (850) 229-8211
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October 8, 1999

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

Re: *W. J. Laine Co., L.L.C.*

300003011893--6
-10/11/99--01121--005
****285.00 ****285.00
125.00

Dear Sir or Madam:

Enclosed is the original and one copy of the Articles of Organization for W. J. Laine Co., L.L.C., a Florida limited liability company, together with our check in the amount of \$285.00 to cover the filing fee and designation of resident agent. Also enclosed is an Affidavit of Membership and Contributions.

Sincerely,


Thomas S. Gibson

TSG/pwr

Enclosures: as stated

99 OCT 11 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

BB
10-14-99

*ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY OF*

W. J. LAINE CO., L.L.C.

ARTICLE I - Name

The name of the Limited Liability Company is *W. J. LAINE CO., L.L.C.*

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is 205 8th Street, Port St. Joe, Florida, 32456.

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 the members, and the name(s) and address(es) of the managing member(s) is/are:

W. J. Laine
205 8th Street
Port St. Joe, FL 32456

Julie Laine
205 8th Street
Port St. Joe, FL 32456


W. J. LAINE, MEMBER

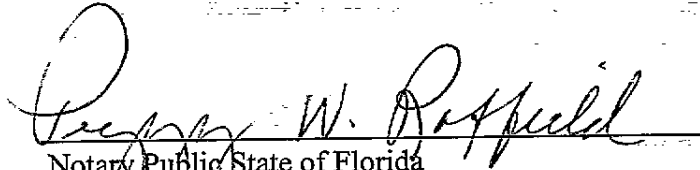
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF GULF

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared W. J. LAINE, as a member of W. J. LAINE CO., L.L.C., known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form(s) of identification of the above-named person:

personally known

Witness my hand and official seal in the County and State last aforesaid this 7 day of Oct, 1999.


Notary Public State of Florida
My Commission Expires:



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99 OCT 11 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

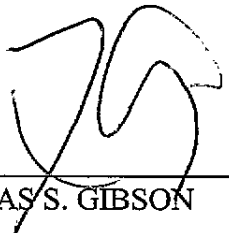
1. The name of the limited liability company is:

W. J. LAINE CO., L.L.C.

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

Thomas S. Gibson
Rish, Gibson & Scholz, P.A.
206 E. 4th Street
Port St. Joe, FL 32456

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.



THOMAS S. GIBSON



Date