

L990000006823



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 412649 9682A

AUTHORIZATION :

COST LIMIT : \$ 125.00

Patricia Pizit

ORDER DATE : October 14, 1999

ORDER TIME : 1:29 PM

ORDER NO. : 412649-005

CUSTOMER NO: 9682A

400003015294--2

CUSTOMER: Norman Freedman, Esq
NORMAN P. FREEDMAN, ESQ
NORMAN P. FREEDMAN, ESQ
525 North Newnan Street

Jacksonville, FL 32202

W99-23771

DOMESTIC FILING

NAME: SHAWALKER LLC

MJH

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 14 AM 10:34

RECEIVED
99 OCT 14 PM 3:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 14, 1999

CSC
ATTN; JANNA WILSON

SUBJECT: SHAWALKER LLC
Ref. Number: W99000023771

We have received your document for SHAWALKER LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The document must contain the entity's complete mailing address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 799A00049667

RESUBMIT
Please give original
submission date as file date.

RECEIVED
99 OCT 19 AM 9:45
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
FLORIDA STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
99 OCT 14 AM 10:34

ARTICLES OF ORGANIZATION
SHAWALKER LLC
A LIMITED LIABILITY COMPANY

(Pursuant to s. 607.407, Florida Statutes)

1. Name. The name of the limited liability company is SHAWALKER LLC.
2. Purpose. The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. Address of Principal Office. The address mailing & principal of the limited liability company is 2762 West Beaver Street, Jacksonville, FL 32220.
4. Term. Term of this LLC shall be perpetual.
5. Members at Time of Formation. There will be at least one member at the time the limited liability company is formed.
6. Period of Duration. The period of duration shall be perpetual.
7. Management. Management of the Limited Liability Company at the time of formation is reserved for the initial member(s) whose name(s) and address(es) are as follows:

Initial Members:
RICHARD WALKER
2762 West Beaver Street
Jacksonville, FL 32220

ROY SHAW
2762 West Beaver Street
Jacksonville, FL 32220


8. Additional Members. The names and addresses of additional members(s) are as follows:

N/A

9. Admission of New Members. With the written unanimous consent of the members, new members may be admitted into the LLC upon the payment of such capital contribution and upon such terms as the members unanimously decide. In the

event that new members are admitted into the LLC, the share of each new member in the profits and losses shall be in such proportion as may be agreed upon between all the members and the new member.

10 Members Right to Continue Business. The remaining members of the limited liability company shall have the right to continue business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company as further set forth in the Operating Agreement of the limited liability company



ROY SHAW
Member

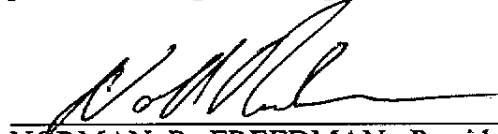
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

**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 to designate a registered office and registered agent in the state of Florida.

1. Name. The name of the limited liability company is SHAWALKER LLC
2. Registered Office. The address of the registered office of the limited liability company is 525 North Newnan Street, Jacksonville, FL 32202.
3. Registered Agent. NORMAN P. FREEDMAN, P.A., is appointed, and by his signature below accepts appointment, to act as the Registered agent of SHAWALKER LLC.

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.



NORMAN P. FREEDMAN, President