199000007650 Memo

To: Division of Corporations

From: Ryan Long

CC:

Date: 11/09/99

Re: Articles of Organization, Florida Limited Liability Company

To Whom It May Concern

Ryan Long

725 Arkansas Street

Tallahassee, Florida 32304

850/488-1486

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ES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Burning Spear, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

725 Arkansas Street Tallahassee, FL 32304

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Rvan_Long	
Name	
725 Arkansas Street	
Florida street address (P.O. Box NOT acceptable) Tallahassee, FL 32304	
City, State, and 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 as provided for in Chapter 608, F.S..

Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more manager therefore, a manager - managed company. added if an effective date is requested) (An additional afticle must be

Signature of a member or an authorized representative of a member.

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

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL)

5.00 Certificate of Status (OPTIONAL)