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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

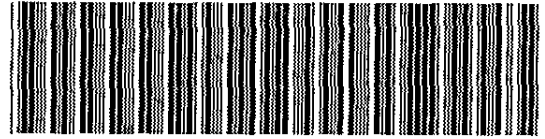
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(Business Entity Name)

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ACCOUNT NO. : 072100000032

REFERENCE : 784957 7354004

AUTHORIZATION : *Patricia Pizuto*

COST LIMIT : \$ 125.00

ORDER DATE : October 16, 2002

ORDER TIME : 2:21 PM

ORDER NO. : 784957-001

CUSTOMER NO: 7354004

CUSTOMER: Mr. John Steven Blincoe
Mr. John Steven Blincoe

5538 Pga Blvd
Ap 5026
Orlando, FL 32839

DOMESTIC FILING

NAME: BLINCOE, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLINCOE, LLC

ARTICLE II - Address:

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

5538 PGA BLVD., AP 5026, ORLANDO, FL 32839

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

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

Corporation Service Company

 Name

1201 Hays Street

 Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301

 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.

Corporation Service Company
 BY: Deborah D. Skipper Deborah D. Skipper
 Registered Agent's Signature Asst. V. Pres.

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Deborah D. Skipper
 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.)

DEBORAH D. SKIPPER

 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)

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 AND
 STATE
 TALLAHASSEE, FLORIDA

BLINCOE, LLC

John Steven Blincoe II
MGRM

5538 PGA Blvd., AP 5026
Orlando, FL 32839

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of BLINCOE, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 22ND day of Oct., 2002.

[Handwritten Signature]
Signature


JOHN STEVEN BLINCOE II
Print Name of Signer

WITNESS:
[Handwritten Signature]
Signature

RONALD HARRIN
Print Name of Witness

WITNESS:
[Handwritten Signature]
Signature

KATHY M. NIXON
Print Name of Witness

 Kathy M Nixon
My Commission CC017046
Expires March 12, 2004

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TALLAHASSEE, FLORIDA

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