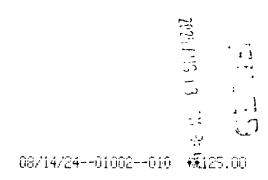
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	(Requestor's Name)					
-	(Address)					
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	(Business Entity Name)					
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Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
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CORPORATE ACCESS,

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	AC BRADBURY LLC	CUMENT #)	200 H [1: 3] 3
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CIAL I	NSTRUCTIONS:		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Con	npany is:						
AC Bradbury LLC							
(Must contain the	words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address	of the principal o	office of the Lit	nited Liability Company is:				
Principal Off	ice Address:		Mailing Address:				
2317 Palm Harbor Drive		2317 Palm Harbor Drive					
West Palm Beach, FL 334	10		West Palm Beach, FL 33410				
The name and the Florida street addres	s of the registered	_		•			
<u>133.</u>	Name						
289	94 Remington Gro	een Ln. Ste. A		:-			
2894 Remington Green Ln. Ste. A Florida street address (P.O. Box NOT acceptable)							
Tal	Tallahassee, FL 32308						
_	City	State	Zip	٠.			
laving been named as registered agent of lace designated in this certificate. I here wither agree to comply with the provision familiar with and accept the obligation	tby accept the app ns of all statutes r ons of my position	pointment as reg relating to the pa as registered a	tistered agent and agree to act in this roper and complete performance of n	capacity. The capacity of the			
		(CONTINU	ED)				

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager AMBR Allan C Bradbury, Ir 2317 Palm Harbor Drive West Palm Beach, FL 33410

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Allan C Bradbury, Jr.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)