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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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Office Use Only

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TRANSMITTAL LETTER

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2004 APR 29 D 1

SECRETARY OF STA

Registration Section
Division of Corporations

TO:

SUBJECT: Tentacle Holdings LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| Karen L. Bell | |
|-------------------------------------|--|
| (Name of Person) | |
| Star Fish Company of Cortez, Inc. | |
| (Firm/Company) | |
| P.O. Box 1 / 12306 46th Avenue West | |
| (Address) | |
| Cortez, FL 34215 | |
| (City/State and Zip Code) | |
| | |

For further information concerning this matter, please call:

Karen L Bell at Q41 7941249

(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY APR 29 P 1: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| | I - Name: 1ALLAHASSEE, FLORIO f the Limited Liability Company is: | | |
|----------------------------------|--|--|--|
| | le Holdings LLC | | |
| | | - | |
| ARTICLE II - A The mailing addre | | cipal office of the Limited Liability Company | |
| Principal Office | Address: | Mailing Address: | |
| 12306 46th Avenue | West | P.O. Box 1 | |
| Cortez, FL 34215 | | Cortez, FL 34215_ | |
| | | | |
| | | | |
| | Florida street address of the reg | office, & Registered Agent's Signature: | |
| | Florida street address of the reg | | |
| | Florida street address of the reg | | |
| | Florida street address of the reg Karen L. Bell Name | istered agent are: | |
| | Florida street address of the reg Karen L. Bell Name 12003 45th Avenue West | istered agent are: Box NOT acceptable) FLORIDA 34215 | |

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, Florida Statutes..

Resistered Agent's Signature

Page 1 of 2 (CONTINUED)

FILED

| ARTICLE IV | - Manager(s) - | or Managing | Member(s): |
|------------|----------------|-------------|------------|
|------------|----------------|-------------|------------|

The name and address of each Manager or Managing Member is as follows:

ZOON APR 29 P 1: 5 SECRETARY OF STATE TALLAHASSEE, FLORID

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|---|
| MGR | Karen L. Bell P.O. Box 1 Cortez, FL 34215 |
| | |
| | |
| (Use attachment if necessary) | |
| NOTE: An additional article must b | oe added if an effective date is requested. |
| REQUIRED SIGNATURE: Journal Signature of a member or an | authorized representative of a member. |
| (In accordance with section 60 of this document constitutes an that the facts stated herein are | 98.408(3), Florida Statutes, the ex <u>ecution</u> affirmation under the penalties of perjury |

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)

Typed or printed name of signee