

W04 00008324

Division of Corporations
State of Florida
Public Access System

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To: Division of Corporations
Fax Number: (850) 226-9888

From: Account Name: BLUMBERG & BERKELEY CORPORATE SERVICES, INC
Account Number: 07336000333
Phone: (225) 334-5000
Fax Number: (225) 334-4431

FILED
MAY 2 2004
TALLAHASSEE
FLORIDA
CLERK OF CIRCUIT COURT

STATE OF FLORIDA

Division of Corporations

Credit or Status	()
Credit Day	()
Report Date	05/01
Estimated Charge	\$122.00

Division of Corporations Department of Finance Division of Corporations

W04 00008324

1 00000228600

ARTICLE III ORGANIZATION
TITLE
MEMBERED LIABILITY COMPANY

ARTICLE III - Name:
The name of this Limited Liability Company is:

Bradenwick Chemical LLC

ARTICLE III - Address:
The mailing address and tax address of the principal office of this Limited Liability Company is:

Principal Office Address:

Residence Address:

12301 Main Street Blvd

6534 E Main Street No 1

Elk Groveville, TN 37037

Elk Groveville, TN 37037

ARTICLE III - Registered Agent, Registered Office, and Registered Agent's Signature:
The names and full physical street addresses of the registered agent and:

Registered Agent:

Name:

12301 Main Street Blvd

Elk Groveville, TN 37037 (PK 350) (LLC) (Company)

Registered Office:

12301 Main Street

Elk Groveville, TN 37037

This document is a limited liability company agreement for the purpose of forming a limited liability company in the State of Tennessee. The undersigned hereby agree to form a limited liability company in the State of Tennessee and to be governed by the provisions of the Tennessee Limited Liability Company Act, Chapter 24, of the Tennessee Code Annotated, and to be subject to the jurisdiction of the courts of the State of Tennessee.

[Signature]
Registered Agent's Signature

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LETTER TO MANAGER (A) on Management Member (B):
This is to acknowledge receipt of your letter of the 11th of November 2004

Child: _____
PACER #1 Manager: _____
PACER #2 Management Member: _____

Name of child/Address:

ASPIRA

Country: (IELAND)

1500 International Blvd

Stockholm, IL 60301

(Please attach if necessary)

NOTE: If additional articles need to be added, please contact us at the above address.

REGISTRATION DOCUMENTS:

Continuing (Child's Name)

Signature of B. manager on the registration documents to be submitted

(If a document is not available or if you have any questions, please contact us at the above address or by e-mail at: info@aspira.org)

(Copy of B. doc)

(Typed signature of manager)

- 1. ASPIRA
- 2. ASPIRA (Child's Name) Address: OC organization
- 3. ASPIRA (Child's Name) Address: ASPIRA
- 4. ASPIRA (Child's Name) Copy (Copies)
- 5. ASPIRA (Child's Name) Address: ASPIRA

Page 0 of 1

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