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30 Dec 2000

FLORIDA DEPARTMENT OF STATE REGISTRATION SECTION DIVISION OF CORPORATIONS POST OFFICE BOX 6327 TALLAHASSEE, FL 32314

400003519514--4 01/02/01-01133--014 ****125.00 ****125.00

Enclosed is the Articles of Organization for Florida Limited Liability Company and a \$125 check for filing fee and registered agent designation fee.

The name of the limited liability company is Bacret Enterprises Ltd. Co. Mailing address is P.O. Box 9665, Treasure Island, FL 33740. The requested effective date is 12/30/2000.

Thank you.

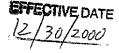
Connie Chapman 12555 4th St. E.

Treasure Island, FL 33706

Comie Chap

727 363-8312

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	y is:	
: Bacret Ei	nterprises	L+d. Co.
ARTICLE II - Address:		
The mailing address and street address of the		
P.O. Box 9665	12555 4th	24, E.
Treasure Island	Treasure Is	land FL 33706
年に 33740 ARTICLE III - Registered Agent, Regist	ered Office, & Registered Agent'	s Signature:
The name and the Florida street address of	the registered agent are:	
^	~ 1	
Conn	ie Chapman	_ .
12555	4+4 St. E.	
Florida street a	ddress (P.O. Box NOT acceptable)	
Treasur	e Islouffl 33706	_
	City, State, and Zip	
Having been named as registered agent and	l to accept service of process for the	e 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 cap	pacity. I further agree to comply wit	th the provisions of all
statutes relating to the proper and complete	performance of my duties, and I an	n familiar with and
accept the obligations of my position as reg	istered agent as provided for in Cha	ıpter 608, F.S
()	· (20 1	
	Registered Agent's Signature	
	Rogisted Agent's Officialitie	
Article IV - Management (Check box if	applicable.)	
The Limited Liability Company is to b	e managed by one manager or mor	re managers and is,
therefore, a manager - managed company.	, 1	
Article V - Effective d	late 12/30/20	00
ALTICLE A CHASTICE	, , ,	7
	t be added if an effective date is rec	
Signature of a member or	an authorized representative of a mem	ther S
	, -	OF NO F
(In accordance with section of this document constitute	on 608.408(3), Florida Statutes, the executes an affirmation under the penalties of pe	ion me
that the facts stated herein a		
Connie	Chabinan	9: 59 S FATE LORIDA
	or printed name of signee	— DA
	- -	
	iling Fees:	
	100.00 Filing Fee for Articles of Organia 25.00 Designation of Registered Agent	ZALIOD
	30.00 Certified Copy (Optional)	
\$	5.00 Certificate of Status (Optional)	

|2 /30/2000