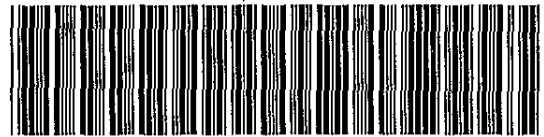


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Registration Section
Division of Corporations

03 JUN 26 AM 9: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: IMPERIAL PARTNERS, 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:

DANIEL WILLIAMS

(Name of Person)

IMPERIAL PARTNERS, LLC

(Firm/Company)

P.O. Box 5555

(Address)

WINTER PARK, FL 32793-5555

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Williams

(Name of Person)

at (907) 677-6580

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

03 JUN 26 AM 9: 23

ARTICLE I - Name:

The name of the Limited Liability Company is:

IMPERIAL PARTNERS, LLC
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

1043 GOLFSIDE DRIVE
WINTER PARK, FL 32792

Mailing Address:

P.O. Box 5555
WINTER PARK, FL 32793-5555

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

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

DANIEL WILLIAMS

Name

1043 GOLFSIDE DRIVE

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

WINTER PARK, FL 32792

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..

Daniel Williams

Registered Agent's Signature

(CONTINUED)

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

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

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

03 JUN 26 AM 9: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

DANIEL WILLIAMS

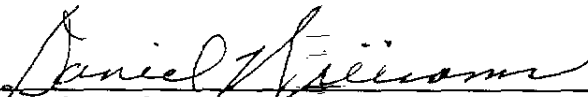
1043 GOLFSIDE DRIVE

WINTER PARK, FL 32792

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

DANIEL WILLIAMS

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)