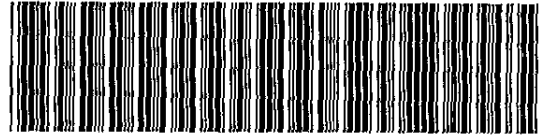


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03 AUG 20 PM 3:42

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



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08/20/03--01024--002 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMBERNIC, LLC
(Name of Limited Liability Company)

FILED
03 AUG 20 PM 3:
DIVISION OF STA
TALLAHASSEE, FLOR

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

KATHERINE WAGONER, ORGANIZER
(Name of Person)

SELECT SERVICES, INC.
(Firm/Company)

P O BOX 805
(Address)

SALISBURY NC 28145-0805
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHERINE WAGONER at (704) 647-0044
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
03 AUG 20 PM 3
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMBERNIC, LLC

ARTICLE II - Address:

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

Principal Office Address:

904 N GRANT ST
LONGWOOD FL 32750

Mailing Address:

904 N GRANT ST
LONGWOOD FL 32750

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

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

CORREN NICHOLAS YOUNG

Name

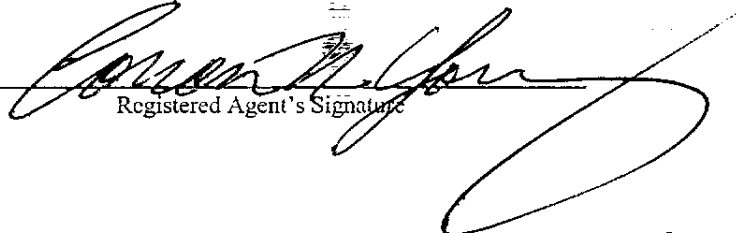
904 N GRANT ST

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

LONGWOOD FL 32750

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..


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
03 AUG 20 PM 3:1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

CORREN N YOUNG

904 N GRANT ST

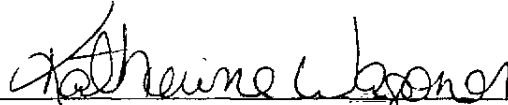
LONGWOOD FL 32750

KATHERINE WAGONER, ORGANIZER

(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.)

KATHERINE WAGONER, ORGANIZER

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)