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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: CARPENCORP
(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:

STEPHEN CLARKE
(Name of Person)

CARPENCORP
(Firm/Company)

4450 NW 175+N S+
(Address)

CAROLCITY TL 33055

For further information concerning this matter, please call:

STEPHEN CLARKE at (786) 514 0721 (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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 9, 2003

STEPHEN CLARKE CARPEN CORP 4450 NW 175TH ST CAROL CITY, FL 33055

SUBJECT: CARPEN CORP. Ref. Number: W03000037253

We have received your document for CARPEN CORP. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 403A00066178

Michelle Hodges Document Specialist

Division of Commentium, D.O. BOY COOT, Mallatana, El. 13, 2001

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
CARPENCOR. "L+d.CO."			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp	any is:		
Principal Office Address: Mailing Address:			
4450 NW 175"St 4450 NW . 175"S	_		
CAROLCITY 7L CAROLCITY . FL	. '		
33055 <u>33055</u>	- · · ·		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Stephen Clarke Name Name Florida street address (P.O. Box NOT acceptable) Florida Street address (P.O. Box NOT acceptable) 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 60%) Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managi The name and address of each Manager	ing Member(s): or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MANAGER	STEPHEN CLARKE 6190. NW. 186+19. BLH3. APT 104 HIRLEATT. FL. 33015.
MGRM	MicHAEL TAYLOR MIT Nº 1915+57 205-3 MIT FL 33179
<u> </u>	
(Use attachment if necessary)	<u> </u>
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member or an acceptance of a member of a member or an acceptance of a member of a member of a member or an acceptance of a member of a m	uthorized representative of a member.
(In accordance with section 608, of this document constitutes an a that the facts stated herein are true.)	.408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)
STEPHEN C.	LARKE · inted 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)