

L04000005618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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J. P. O'Neil GAVE
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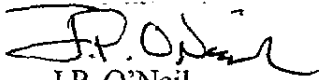
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
POB 6327
Tallahassee, FL 32314

3Jan04

Dear Sir or Madam:

The purpose of these documents is to submit a fee for Articles of Organization.


J.P. O'Neil
1726 Edgewater Place
Longmont, CO 80504
303.503.6739

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOFT TOY 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:

JAMES P. ONCIL
(Name of Person)

SOFT TOY LLC
(Firm/Company)

1726 Edgewater Place
(Address)

Longmont, Colorado 80504
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JAMES ONCIL at (303) 503-6739
(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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOFT TOY LLC

ARTICLE II - Address:

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

Principal Office Address:

1726 Edgewater Place
Longmont, Co.
80504

Mailing Address:

1726 Edgewater Place
Longmont, Co. 80504

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

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

J.P. O'NEIL
Name
2955 W. Wedgewood Ave
Florida street address (P.O. Box **NOT** acceptable)
Davie, FLORIDA 3331-2948
City, State, and Zip

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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, Florida Statutes..

J.P. O'NEIL of Gooding/Onil
Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JAMES Scott ONEIL
6955 Wedgewood Ave
DAVIE, Florida 33331-2948

MGRM

JAMES P. ONEIL
1726 Edgewater PLACE
Longmont, Co. 80504

MGRM

ROBBIN J. ONEIL
1726 Edgewater PLACE
Longmont, Co. 80504

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

James P. Oneil
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.)

JAMES P. ONEIL
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)