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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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MJH

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04 JAN 22 AM 9:00

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Superform Products 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:

Sheldon Schneider
(Name of Person)

Southern Superform Products
(Firm/Company)

8940 Pratt Rd
(Address)

Century Fl. 32535
(City/State and Zip Code)

For further information concerning this matter, please call:

Sheldon Schneider at (850) 324.2487
(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:

Southern Superform Products LLC.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
8940 Bratt Rd	Same
Century FL 32535	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Sheldon Schneider
Name

8940 Bratt Rd
Florida street address (P.O. Box **NOT** acceptable)

Century FLORIDA 32535
City, State, and Zip

FILED
04 JAN 22 AM 9:00
TALLAHASSEE FLORIDA

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..

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:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGR	Shelton Schneider 8940 Boat Rd Century Fl. 32535.

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Shelton Schneider

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.)

Shelton Schneider

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)

DATED this 22nd day of December, 2003.

Sheldon Schneider
SHELDON SCHNEIDER

Notary's Acknowledgment

State of Florida)
) ss
County of Escambia)

On this 12/22/2003, before me personally appeared SHELDON SCHNEIDER, to me known to be the person described in and who executed the foregoing instrument and acknowledged to me that SHELDON SCHNEIDER executed the same as His free act and deed.

Gayla M. Logan
Notary Public

NOTARY PUBLIC
STATE OF FLORIDA
GAYLA M. LOGAN
My Appointment Expires Dec. 4, 2007
Comm. No. DD 268179