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SECRETARY OF S

#### TRANSMITTAL LETTER

SUBJECT: LAGNIAPPE HOLDINGS, 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:	
Edward J. Stro be/ (Name of Person)	
(Name of Person)	
LAGNIAPPE Holdings, LCC (Firm/Company)	
(Firm/Company)	
11 Fort Royal Islen &	
(Address)	
Fort Lay der dale, FL 33308 (City/State and Zip Code)	
3.0	
For further information concerning this matter, please call:  ### ### ### ### ### ### ### ### ### #	77
Ed Strobe/ at (954) 494-5/0 22 8 (Name of Person) (Area Code & Daytime Telephone Number)	-
(Name of Person) (Area Code & Daytime Telephone Number)	
954-568-4876	*

#### STREET ADDRESS:

Registration Section Division of Corporations

TO:

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:	
LAGNIAPPE HOLDI	NGS, LLC
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company
Principal Office Address:	Mailing Address:
11 FORTROYAL ISLE	11 FORT ROYAL ISG
FORT LAUD ER DALE, FL	1/ FORT Royal Isle Fort Landondolo, FC
73308	33308
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registere   Florida street address (P.O. Box No. Florida stre	d agent are:  SECRETARY 20 A 8:  TALLAHASSEE, FLORE

is:

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.

City, State, and Zip

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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	Edward J. Strobel  11 Fort Royal Isle  Fort Lawrendle, FC 33308			
MGRM	Edward I Strobel Trust 7-1-1998  1/Fort Goval Isle  Fort Gudandale, FC 77308			
(Use attachment if necessary)	ZEON MAY 2 SECRETAR TALLAHASS			
NOTE: An additional article must be added if an effective date is requested.				
REQUIRED SIGNATURE:	10			
Signature of a member or an au	thorized representative of a member.			
of this document constitutes an affi that the facts stated herein are true \( \frac{1}{2} \rightarrow \limits \)	08(3), Florida Statutes, the execution firmation under the penalties of perjury 2.)  And J, Strobol  ted 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)