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(Address)

(Address)

(City/State/Zip/Phone #)

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04 MAY 27 AM 10:3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-2-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bags, Baskets and Bundles
(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:

Dianna Kay Owens
(Name of Person)

Bags, Baskets and Bundles
(Firm/Company)

3703 Half Moon Drive
(Address)

Orlando, Florida 32812
(City/State and Zip Code)

For further information concerning this matter, please call:

Dianna Owens at (407) 851-6799
(Name of Person) (Area Code & Daytime Telephone Number)

04 MAY 27 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED AND FILED

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:

Bags, Baskets and Bundles; 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:**
Bags, Baskets and Bundles; LLC	Bags, Baskets and Bundles; LLC
3703 Half Moon Drive	3703 Half Moon Drive
Orlando, Fl 32812	Orlando, Fl 32812

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

Dianna Kay Owens
Name

3703 Half Moon Drive
Florida street address (P.O. Box **NOT** acceptable)

Orlando FLORIDA 32812
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUTHORITY AND FILED

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	Dianna Owens 3703 Half Moon Drive Orlando, Fl 32812

(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.)

Dianna Kay Owens
Typed or printed name of signee

04 MAY 27 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ANC
FILED

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)