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## TRANSMITTAL LEŤTEŘ

TO: Registration Section Division of Corporations	
SUBJECT: AKT ENTERPRA	
The enclosed Articles of Organization and fee(s) are submitte	d for filing.
Please return all correspondence con-	cerning this matter to the following:
STEPHEN T.	BRADSHAW Person)
AK! EN'E	RPRISES LLC
16057 TAMPA PALA	ess) BLW. W. # 350
TAMPA, FL (City/State an	
For further information concerning this matter, please call:	=
STEPHEN TODD BRADS#AUX (Name of Person)	813 493-8557
(Name of Person)	FILE D  FILE D  AM IO:  Area Code & Daytime Telephone Number) ALLAHASSEE, FLOR
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Dry. O

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 15, 2004

STEPHEN T. BRADSHAW AKT ENTERPRISES LLC 16057 TAMPA PALMS BLVD W #350 TAMPA, FL 33647

SUBJECT: AKT ENTERPRISES, LLC

Ref. Number: W04000023053

We have received your document for AKT ENTERPRISES, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

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

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 404A00040089

FILEU

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lim	ited Liability Company is:		
AKT	ENTERPRISES	LLC	
ARTICLE II - Addi	ress: and street address of the principal	office of the Limited Lin	ability Company is:
Principal Office Ad	dress:	Mailing Address:	
16304 TURI	NBRIDGE CT	16057 TampA	PALMS BUD. W.
Tampa, FL	33647	TAMPA, FL	33647
A PORTECT OF THE TAX PA	***************************************		<b>~</b> .
	gistered Agent, Registered Office orida street address of the registere	ed agent are:	Signature:
		ed agent are:	Signature:  SECH TALL
The name and the Flo	orida street address of the registere  STEPHEN To シウ  Name	BRADSHAW	Signature: 04 JUN 3 SECRETALLAHA
The name and the Flo	orida street address of the register	BRADSHAW	O4 JUN 30 SECRETAR TALLAHASS
The name and the Flo	STEPHEN TODD  Name  /6304/ TURNBRIGE C  Florida street address (P.O. Box N	BRADSHAW  T.  OT acceptable)	O4 JUN 30 SECRETAR TALLAHASS
The name and the Flo	STEPHEN TODY  Name  16364 TURNBRIGE C	BRADSHAW  T.  OT acceptable)	O4 JUN 30 SECRETAR TALLAHASS
The name and the Floring been named as registed to act in this capacity. I	STEPHEN TODD  Name  /6304/ TURNBRIGE C  Florida street address (P.O. Box N  TAMPH  City, State, and Zip  ered agent and to accept service of puted in this certificate, I hereby accept further agree to comply with the pr	ERMDSHAW  CT.  OT acceptable)  ORIDA 33647  process for the above state opt the appointment as regrovisions of all statutes references.	SECRETARY OF STATE of limited liability distered agent and lating to the proper
The name and the Flo — ng been named as register bany at the place designate to act in this capacity. I	STEPHEN TODD  Name  /6304/ TURNBRIGGE C  Florida street address (P.O. Box N  TAMPA FI  City, State, and Zip  ered agent and to accept service of pated in this certificate, I hereby accept	ERMDSHAW  CT.  OT acceptable)  ORIDA 33647  process for the above state opt the appointment as regrovisions of all statutes read accept the obligations	SECRETARY OF STATE of limited liability distered agent and lating to the proper

Page 1 of 2 (CONTINUED)

The name and address of each Mana	ager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ANNE N. BRADSHAW 16304 TVANBRIDGE CT. TAMPH , PL 33647
MGRM	STEPHEN T. BRADSHAW 14304 TURNBRIDGE CT. TAMPA FL 33647
(Use attachment if necessary)	
REQUIRED SIGNATURE:	st be added if an effective date is requested as SEE, FF OF A STANDARD TO A STANDARD T
(In accordance with section	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury
STEPHE	EN TOOD BRADSHAW

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

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)