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CLAYTON J.M. ADKINSON ATTORNEY AT LAW

POST OFFICE BOX 1207 DEFUNIAK SPRINGS, FLORIDA 32435 (850) 892-5195 FAX (850) 892-3013

July 1, 2004

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Gentlemen:

In re: Travis Lauren Enterprises, LLC

Enclosed is the original Articles of Organization for Florida Limited Liability Company to be filed for the above referenced company. Also enclosed is a check for \$130.00 to cover the cost of filing fees.

If additional information is needed, please advise. Your assistance in this matter is most appreciated.

Sincerely,

Clayton J.M. Adkinson

CJMA:ch Enclosure

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TRANSMITTAL LETTER

	ration Section on of Corporations	
SUBJECT:	Travis Lauren Enterprises, LLC	-
	(Name of Limited Liability Company)	
The enclosed Ar	rticles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	Robert G. Fullenkamp	
	(Name of Person)	ن جِرَّاً
	Travis Lauren Enterprises, LLC	O4 JUL -7
	(Firm/Company)	
	14336 Stamford Circle	AH II: 46
	(Address)	
	Orlando, Florida 32826	o 8
	(City/State and Zip Code)	
For further infor	rmation concerning this matter, please call:	
Robert	G. Fullenkamp at 407 249-2172	_
	(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:	
Travis Lauren Enterprise	s, LLC
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14336 Stamford Circle	14336 Stamford Circle 章
Orlando, Florida 32826	Orlando Florida 32826
	RP OF
ARTICLE III - Registered Agent, Registered Offi The name and the Florida street address of the regist	ice, & Registered Agent's Signature:
Robert G. Fulle	enkamp
Name	
14336 Stamford Cir	rcle _
Florida street address (P.O. Box	NOT acceptable)

32826

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.

City, State, and Zip

Orlando

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:

"MGRM" = Managing Memb	Robert G. Fullenkamp	
	14336 Stamford Circle	
	Orlando, Florida 32826	
MGRM	Jeffrey D. Fullenkamp	
	2629 Wood Lane	
	Davenport, Iowa 52803	
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		RFORATIONS AN II: 46
(Use attachment if necessary)		II: 46

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.)

Robert G. Fullenkamp

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)