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Your Personal Assistant

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LINDA MULRONEY Ph: (386) 668-5848 Cell: (386) 804-9519		POINT COVE CY. BARY, FL 32713
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 20, 2004

YOUR PERSONAL ASSISTANT INC 635 MOSS POINT COVE CT. DEBRARY, FL 32713

SUBJECT: THE KORNEY KETTLE, LLC

Ref. Number: W04000027702

We have received your document for THE KORNEY KETTLE, LLC. However, the document has not been filed and is being returned for the following:

LLC suffix is only use when filing a Limited Liability Company.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 004A00045880

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE KORNEY KETTLE, (LC (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:	
LINDA R. MULRONEY (Name of Person)	
YOUR PERSONAL ASSISTANT, FNC (Firm/Company)	
635 Moss Point COVE CT. Dec	_
DEBARY, 71. 32713 (City/State and Zip Code)	T AUG
For further information concerning this matter, please call: LINDA MULRONEY at (386) 668-5848	

STREET ADDRESS:

(Name of Person)

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
THE KORNEY KETTLE, 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: 834 W. GAUCHO CIRCLE NELLY J. FRENCH DECTONA, F1. 32725
New J. Flact CII
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:
Your PERSONAL ASSISTANT, INC Name 635 Moss Point Cove CT. Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
DEBARY FLORIDA 32713 City, State, and Zip

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

Page 1 of 2 (CONTINUED)

The name and address of each Manager or Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
m GR	KELLY J. FRENCH 834 W. GAUCHO CITCLE DELTONA, Fl. 32725	
(Use attachment if necessary)	TA _S	
NOTE: An additional article must be	added if an effective date is requested. 2	
<u> </u>	Mulsone From From From Harman Property of a member.	
	408(3), Florida Statutes, the execution	

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

that the facts stated herein are true.)

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)

R. Mulkovey Typed or printed name of signee