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	SECRETARY OF TALLAHASCEF.F.
(Requestor's Name)	133 September 1981
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
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TRANSMITTAL LETTER

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THE SECRETARY STREET,

TO:

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Registration Section

Division of Corporations

SUBJECT: Side Street Capital, 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:

Christopher E. Haass	
	(Name of Person)
	(Firm/Company)
528 32nd Street	
	(Address)
West Palm Beach, FL	33407
	(City/State and Zip Code)
For further information concerning this ma	atter, please call:
William Smoak	at (813) 221-1331
(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

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TALL TO THE Y UF STATE

ARTICLE I - Name: The name of the Limited Liability Company is:	TALL COLOR
Side Street Capital, LLC	
ARTICLE II - Address:	
The mailing address and street address of the princ	cipal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
528 32nd Street	528 32nd Street
West Palm Beach, FL 33407	West Palm Beach, FL 33407
ARTICLE III - Registered Agent, Registered C The name and the Florida street address of the reg	. •
0 0 0	. •
The name and the Florida street address of the reg	. •
The name and the Florida street address of the reg William G. K. Smoak, Esquire	. •
The name and the Florida street address of the reg William G. K. Smoak, Esquire Name	istered agent are:
The name and the Florida street address of the reg William G. K. Smoak, Esquire Name 1000 N. Ashley Drive, Suite 317	istered agent are:

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 f of 2 (CONTINUED)

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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 MGRM Christopher E. Haass 528 32nd Street West Palm Beach, FL 33407 (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.)

William G. K. Smoak

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)