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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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SUBJECT: CHEBACCO DESIGN & Communications LLC
(Name of Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jane L Carey
(Name of Person)

CHEBACCO DESIGN & Communications LLC
(Firm/Company)

6539 FIELD SPARROW GLEN
(Address)

BRADENTON FL 34202
(City/State and Zip Code)

For further information concerning this matter, please call:

Jane L Carey at (941) 753-4044
(Name of Person) (Area Code & Daytime Telephone Number)

FEIN 043483853

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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ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHEBACCO DESIGN + Communications 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:

6539 FIELD SPARROW GLEN

6539 FIELD SPARROW GLEN

BRADENTON FL 34202

BRADENTON FL 34202

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

CHARLES A. CAREY

Name

6539 FIELD SPARROW GLEN

Florida street address (P.O. Box **NOT** acceptable)

BRADENTON FLORIDA 34202

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

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

The name and address of each Manager or Managing Member is as follows:

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

CHARLES A. CAREY
6539 FIELD SPARROW GLEN
BRADENTON FL 34202

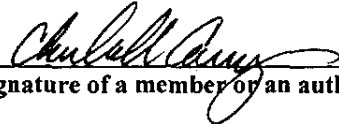
MGR

Jane L. Carey
6539 FIELD SPARROW GLEN
BRADENTON FL 34202

(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.)

CHARLES A. CAREY

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)