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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

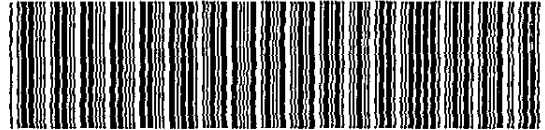
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 OCT 11 AM 7:35
DIVISION OF REVENUE
STATE OF NEW YORK

Kruchten Law Firm, L.L.C.

Telephone (239) 775-8962
Facsimile (239) 793-6971

975 6th Avenue South
Naples, Florida 34102

October 7, 2004

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

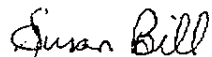
To Whom It May Concern:

RE: TIME OFF, LLC
Registration

Enclosed is check #2493 in the amount of \$125 for the registration of the new business, Time Off, LLC, in the State of Florida.

If you have any questions, please call me at (239) 775-8962.

Sincerely,



Susan J. Bill
Accountant

CC: A/P file

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIME OFF, 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:

DEMIAN M. KRUCHTEN, ESQ.

(Name of Person)

KRUCHTEN LAW, FIRM, LLC

(Firm/Company)

675 6th Avenue South, Suit 101

(Address)

Naples, Florida 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

Jakki Eichen

(Name of Person)

at (239) 775-8962

(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

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

TIME OFF, 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:

46164 Little Pine Loop
Perham, MN 56573

46164 Little Pine Loop
Perham, MN 56573

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

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

Demian M. Kruchten, Esq.
975 6th Avenue S., Suite 101
Naples, Florida 34102

Having been named as registered agent and to accept service of process for the above limited liability company at the place designated in this certificate, I hereby accept 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

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

Title:

Name and Address:

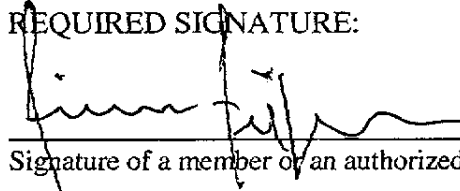
MGR

Pierre Fregeau
7785 Esmerelda Way, #201
Naples, Florida 34109

MGRM

Bruce Carr
P.O. Box 38
Ottertail, Minnesota 56571

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).

PIERRE FREGEAU

Typed or printed name of signee

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