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TALLAHASSEE, FLORIDA
CORPORATIONS

J. BRYAN OCT 27 2004

Finkbeiner & Gillespie, LLC
Attorneys at Law

ROBERT C. FINKBEINER, JR.
DAVID P. GILLESPIE

408 E. RIDGEWOOD STREET
ORLANDO, FLORIDA 32803
TELEPHONE (407) 423-1009
FACSIMILE (407) 999-2237

October 22, 2004

Florida Secretary of State
Registration Division
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Enclosed please find Articles of Organization for Raven's Eye Protective Services which are being submitted for registration with your office. In addition, enclosed you will also find a check in the amount of \$160.00 for the requisite filing fee and for both a certified copy of the Articles of Organization and a Certificate of Status. Please return same to my office located at 408 East Ridgewood Street, Orlando, Florida 32803 at your earliest convenience.

Feel free to contact me if any additional issues arise regarding this matter.

Very truly yours,

FINKBEINER & GILLESPIE, LLC


By: David P. Gillespie, Esq.

Enclosure

cc: Edwin James Baron

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

OCT 26 PM 12:45

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Raven's Eye Protective Services, 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:

David Gillespie, Esq.
(Name of Person)

Finkbeiner & Gillespie, LLC
(Firm/Company)

408 E. Ridgewood Street
(Address)

Orlando, Florida 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

David P. Gillespie, Esq. at (407) 423-1009
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

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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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Raven's Eye Protective Services, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

216 West Warren Avenue
Longwood, Florida 32750

Mailing Address:

Post Office Box 521532
Longwood, Florida 32752

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

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

Edwin James Baron

Name

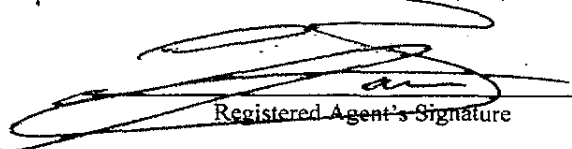
216 West Warren Avenue

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

Longwood FL 32750

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, F.S..


Registered Agent's Signature

(CONTINUED)

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

Name and Address:

MGRM

Edwin James Baron

216 West Warren Avenue

Longwood, Florida 32750

(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.)

Edwin James Baron

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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DIANE CORPORATION'S
TALLAHASSEE, FLORIDA