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SECRETARY OF STATE
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FLP, 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:		
Eric Under (Name of Person)		
(Firm/Company)		
1441 Vendome (ourt	TALLAM	F1 2004 DEC
CAPE Card FL 33904 (City/State and Zip Code)	SSEE, FLO	FILED BY 3
For further information concerning this matter, please call:	N N N	
SUE UNGEV at (239) 540-7922 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
FLP LLC				
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
FLP LLC 1441 Vendome Court CAGE CORM, FL 33904	SAME			
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature: 글을 걸			
The name and the Florida street address of the registered agent are:				
En Unger				
Name CE P C				
Florida street address (P.O. Box NOT acceptable)				
City, State, and Zip	33504			
Having been named as registered agent and to accept se				

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)

7

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MANAGER Eric Ungar Little Vendime Count ADE COM, Fr. 33-904 Eric Danston 5123 Oriole Drive Little Vendime Count ADE Com, Fr. 33-904 MANAGER Suranie Ungar Little Vendime Count ADE Com, Fr. 33-904 MANAGER ROSeanne Harrington 5123 Oriole Drive Will Minington, NC 2003

(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.)

Typed or printed name of signee

Fling 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)

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SECRETARY OF STATE