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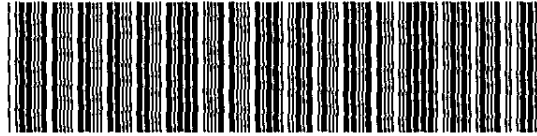
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEBRA CARLSON L.L.C  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Thomas V. Novok Sr  
(Name of Person)

TUN FINANCIAL SERVICES LLC  
(Firm/Company)

5524 Mossy Top Way  
(Address)

Tallahassee, FL 32303  
(City/State and Zip Code)

FILED  
04 DEC 23 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Thomas V Novok Sr at ( 850 ) 536 3154  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DEBRA CARLSON, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5317 WHITNEY COURT  
CRESTVIEW, FL. 32536

**Mailing Address:**

5317 WHITNEY COURT  
CRESTVIEW, FL. 32536

FILED  
DEC 28 11 21 AM '07  
CLERK OF CIRCUIT COURT  
FLORIDA  
CRESTVIEW

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

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

ROBERT CARLSON  
Name

5317 WHITNEY COURT  
Florida street address (P.O. Box NOT acceptable)

CRESTVIEW, FLORIDA 32536  
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..*

Robert Carlson 12-27-07  
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.

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

ROBERT CARLSON

5317 WHITNEY ROAD CT.  
CRESTVIEW, FL 32536

MGR

DEBRA CARLSON

5317 WHITNEY ROAD CT.  
CRESTVIEW, FL 32536

FILED  
06 DEC 28 AM 2 25  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
CRESTVIEW

(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.)

ROBERT CARLSON  
Typed or printed name of signee