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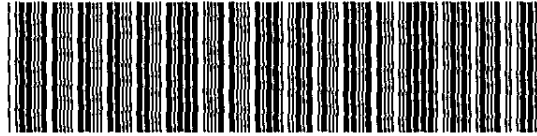
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FILING OFFICE

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 23 AM 2 25
CLERK OF DISTRICT COURT
STATE OF FLORIDA

(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