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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sullivan Enterpri: (Name of Limited Liab	ses, L.L.C. a limited liabi
The enclosed Articles of Organization and fee(s) are submitt	ed for filing.
Please return all correspondence concerning this matter to th	e following:
Valerie A. Sul	(ivan
Sullivan Enterprises L.	L, C. ompany)
1767 Guildford Cou	rt dress)
Fort Walton Black (City/State a	1. FL 32547 and Zip Code) Total Sign Code Total Sign Code
For further information concerning this matter, please call:	HAS:
Valerie A. Sullivan at (Name of Person)	850 803 - 8446 FF G
Enclosed is a check for the following amount:	
Certificate of Status Cer	\$155.00 Filing Fee & S160.00 Filing Fee, tiffied Copy Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION OF A FLORIDA LIMITED LIABILITY COMPANY, SULLIVAN ENTERPRISES, L.L.C., A LIMITED LIABILITY COMPANY

Pursuant to the Florida Statutes, the undersigned hereby adopt the following Limited Liability Company Articles of Organization:

Article I - Name:

The name of the Limited Liability Company is: SULLIVAN ENTERPRISES, L.L.C.

Article II - Address:

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

1767 Guildford Court Fort Walton, FL 32547

Article III – Registered Agent, Registered Office and the Registered Agents' Signature:

The name of the Registered Agent, the street address and mailing address of the registered office of the Limited Liability Company is:

VALERIE A. SULLIVAN 1767 Guildford Court Fort Walton, FL 32547

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, of Florida Statutes.

Registered Agent's Signature

Article IV - Manager

The Limited Liability Company is to be managed by one Manager and is therefore, a manager-managed Company. The name and address of the Manager is:

VALERIE A. SULLIVAN 1767 Guildford Court Fort Walton, FL 32547

REQUIRED SIGNATURES:

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 here are true.

Signature of Member VALERIE A. SULLIVAN

This document is prepared by:

C. GARY HICKS Attorney at Law 41 N. Jefferson Street, Suite 110 Pensacola, FL 32501 SECRETARY OF STATE
TALL AHASSEE FLORIDA