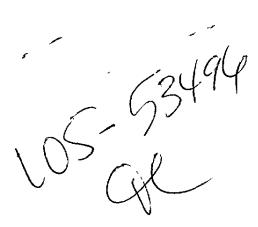


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





04/29/05--01043--031 **155.00





Secretary of State

May 4, 2005

LINDA MCBRIDE 8190 TERRAZA CT. ORLANDO, FL 32836

SUBJECT: RAINBOWS AT NIGHT Ref. Number: W05000022588

We have received your document for RAINBOWS AT NIGHT and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 805A00031844

TRANSMITTAL LETTER

•				
TO: Registration Section Division of Corporations	-			
Roighaus As	+ Minh			
SUBJECT: NAME of Limited	Liability Comparty)			
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Linda McBride				
(Name of Person)				
Rainbows At	Night			
(F	irm/Company)			
8190 Terraza	Ct			
	(Address)			
Oclando, Fl	32836			
(City/S	tate and Zip Code)			
For further information concerning this matter, please call:				
1 . 00 0 .	100 202 5010			
Linds Michilde	(Area Code & Daytime Telephone Number)			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
STREET ADDRESS:	MAILING ADDRESS:			

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:		
Rainbows	At	Night	L.L.C.
ARTICLE II - Address:			

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

Principal Office Address:	Mailing Address:
8190 Terraza Ct	8190 Terraza Ct
Oclando - 1 32836	Orlando (-1 32836

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

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

ARTICLE I - Name:

8190 Terraza C+

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

Octordo FL 32836

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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Linda McBride
	8190 Terraza Ct Orlando F132836
MGR	Amy Kriegish 2150 Whitewood C Orlando FL 32837
	
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
	ion 608.408(3), Florida Statutes, the execution

Filing Fees:

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

that the facts stated herein are true,)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee