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SECRETARY OF STATE
TALLAHASSEE, FLORID

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 16, 2005

CHRISTOPHER M. BRAZIL 5475 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32839

SUBJECT: STRIPE-A-LOT CO. Ref. Number: W05000024602

We have received your document for STRIPE-A-LOT CO. and your check(s) totaling \$125.00. 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 contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6890.

Jason Merrick Document Specialist

Letter Number: 005A00035017

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SECRE LARY OF STATE

FACSIMILE COVER SHEET

STRIPE -A- LOT

To:

Registration Section

Company: Division Of Corporations

Phone:

(850) 245-6051

Fax:

Re:

Application to become a Limited Liability Company

Date:

April 22, 2005

Pages: 1 INCLUDING THIS COVER SHEET

Comments:

Please accept my application along with my check for the appropriate fee to become a Limited Liability Company. Our business phone number is (407) 850-9577. Please feel free to call with any questions. Our hours are Monday-Friday 8:00 AM-5:00 PM EST.

Respectfully.

Owner

Christopher M. Brazil/Owner 5475 S. Orange Blossom Trail Orlando, FL. 32839

Phone: (407) 850-9577 Facsimile:(407) 855-1427

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: 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, F.S..

(CONTINUED)

PRA . T	Min and Addison
Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Christopher Brazil
	5475 S. Orange Blockom Trail
	Orlando, Fl. 32839
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NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE.	
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Filing Fees:

(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

\$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)