

LOS000089958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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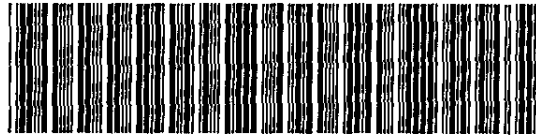
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Verifier DCC

Acknowledgement DCC

W. P. Verifier DCC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Sec. of State

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAPPY ENDINGS LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

J.L. SAUNDERS
(Name of Person)

HAPPY ENDINGS LLC
(Firm/Company)

9050 CLASSIC CT.
(Address)

ORLANDO FL 32819
(City/State and Zip Code)

For further information concerning this matter, please call:

J.L. (JERRY) SAUNDERS at (321) 229-5177
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 16, 2005

J.L. SANDERS
HAPPY ENDINGS LLC
9050 CLASSIC CT
ORLANDO, FL 32819

SUBJECT: HAPPY ENDINGS LLC
Ref. Number: W05000038653

We have received your document for HAPPY ENDINGS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

You failed to submit the second page of the application.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 305A00052225

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAPPY ENDINGS LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

9050 Classic Court
ORLANDO FL 32819

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

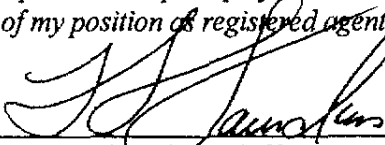
The name and the Florida street address of the registered agent are:

J. L. SAUNDERS
Name
9050 CLASSIC COURT
Florida street address (P.O. Box **NOT** acceptable)
ORLANDO, FL 32819
City, State, and Zip

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TALLAHASSEE, FL
SECRETARY OF STATE

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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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

J. L. SAUNDERS
9250 CLASSIC CT
ORLANDO FL 32819

MGR

TOM MORRIS
5305 ISLEWORTH C.C. DR.
WINDERMERE FL 34786

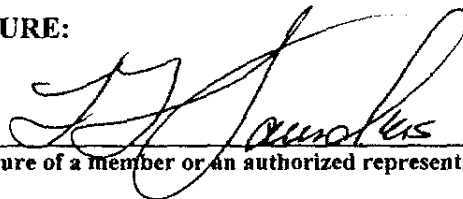
MGR

RAY CORDRIET
5164 ISLEWORTH C.C. DR.
WINDERMERE FL 34786

(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.)

J. L. SAUNDERS

Typed or printed name of signee

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)