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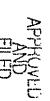
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COVER LETTER

TO: Registration Section	EFFECTIVE DATE
Division of Corporations	
SUBJECT: Ruess Who CASES 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:	
DONALD Meyer \$ (Name of Person)	
(Name of Person)	
Guess Who Cares LLC	
(Firm/Company)	
PO BOX 238613	
(Address)	
(Firm/Company) PORT DIANGE F/ 32/2-3 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Dona Meyer 3 at (386) 682-29/8 (Name of Person) (Area Code & Daytime Telephone?	
(Name of Person) (Area Code & Daytime Telephone)	Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is anciosed) Certificate of Status (additional copy is anciosed)	50.00 Filing Fee, cate of Status & Sied Copy and copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Strent/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301	

Principal Office Address:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE BATE
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation	"LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limite	ed Liability Company is:

Mailing Address:

250 21 5	1
1888 SILVER FERN RD.	fo Box 238613.
DAYTONA BEACH, FLOWDA	Part Orange, Fl 32123
32/28.	
32128	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Donald Maye	<u> </u>
Name	
X 1888 SILVER FER	N RP.
Florida street address (P.C). Box NOT acceptable)
DAYTONA BCH, FL	32128
City/State, and Zip	32128

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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ARTICLE IV-Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member	Name and Address:	
MGR	Name of Meyer & 1888 SILVER FERN X DAYTONA BEACH, F. KAThi Delp X 1888 SILVER FERN X DAYTONA BEACH, F.	
(Use attachment if necessary)		
TICLE V. Telegraphy data is asked than the sale	e date of filing: 1-1-200 6	CONTRACTOR I Y 1
en effective date is listed, the date must be r 90 days after the date of filling.)		
en effective date is listed, the date must be resulted to some state of filling.) REQUIRED SIGNATURE:		business days prior
REQUIRED SIGNATURE: Signature of a member of this document constitute the facts stated in the facts state	er specific and cannot be more than five that the execution of the cition 608,408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjular are true.) H. MEVER Kat	business days prior
REQUIRED SIGNATURE: Signature of a member of this document constitute the facts stated in the facts state	er or an authorized representative of a member cition 608,408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjulation are true.) H. MEVER Kat Apped or printed name of signer mizution and Designation	business days prior