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06 FEB -9 AM IO: 20 SECRETARY OF STATE TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TODD BROTHERS LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

[]\$125.00 Filing fee.& Designation of Registered Agent [X]\$130.00 Filing Fee, Designation of Registered Agent, & Certificate of Status []\$160.00 Filing Fee, Designation of Registered Agent, Certified Copy, & Certificate of Status

Please return all correspondence concerning this matter to the following:

MICHAEL L. TODD 1042 MANCHESTER CIRCLE WINTER PARK, FL 32792

For Further information concerning this matter, please call: MICHAEL L. TODD at 407-443-9348.

Street Address:

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

Mailing Address:

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

ARTICLES OF ORGANIZATION

OF'

TODD BROTHERS LLC

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: TODD BROTHERS LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 1042 Manchester Circle, Winter Park, FL 32792.

ART	ICLE III - REGISTERED AGENT	SECR	06 FE	
The registered agent of	this company shall be:	E FAS	6-8	77
NAME	ADDRESS	3E F	P	m
MICHAEL L. TODD	1042 MANCHESTER CIRCLE WINTER PARK, FL 32792	STATE	lo: 20	U

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.

MICHAEL L. TODD

ARTICLE IV - MANAGEMENT

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Manager

MICHAEL L. TODD

1042 MANCHESTER CIRCLE WINTER PARK, FL 32792

MGRM

Jay D. Todd

1042 Manchester Circle Winter Park, FL 32792

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be February 9, 2006.

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.)

Printed name of signee

IN WITNESS WHEREOF, We have hereunto set our hands and seals acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 6 day of February 20 06	, 1e
MICHAEL L. TODD	

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this 6 day of February, 2006 by MICHAEL L. TODD, who is personally known to me or who has produced driver's license as identification and who did take an oath. FLOUT 7300-552-61-404-0

JEFFERY R. MARKHAM Notary Public, State of Florida My comm. expires Sept. 25, 2009 No. DD 475261 Bonded thru Ashton Agency, Inc. (800)451-4854

Notary Public, State of Florida

At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.

MICHAEL L. TODD

DATE: