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00789-001023-00671

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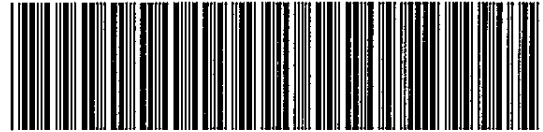
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Certificates of Status

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02/20/06--01041--011 **125.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 14 AM 8:20

alt
used

W06-8100

Carolyn Havranek
2415 Nicole Drive
Panama City, FL 32405

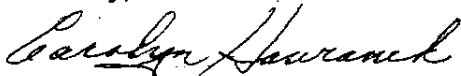
February 13, 2006

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Please find enclosed our Articles of Organization and our check in the amount of \$125.00 in payment of the filing fee and registered agent fee. I also have enclosed a check for \$30.00 for a certified copy of record. I could not find a telephone number that would allow me to talk to a person to find out if I needed to pay the additional amount. If you do not need the check, please return it with the copy of our Articles of Organization with our number as we need it to open a bank account.

Thank you and have a great day.

Sincerely,



Carolyn Havranek

Enclosures:

Articles of Organization

Check in the amount of \$125.00

Check in the amount of \$30.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

CAROLYN HAVRANEK
2415 NICOLE DRIVE
PANAMA CITY, FL 32405

SUBJECT: SELLERS TREASURES, LLC
Ref. Number: W06000008900

We have received your document for SELLERS TREASURES, LLC and your check(s) totaling \$155.00. 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.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 806A00012619

**ARTICLES OF ORGANIZATION
OF
SELLERS TREASURES, LLC**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 14 AM 8:00

ARTICLE I NAME

The name of the limited liability company shall be: **SELLERS TREASURES, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 2415 NICOLE DRIVE, PANAMA CITY, Florida 32405.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: CAROLYN HAVRANEK, 2415 NICOLE DRIVE, PANAMA CITY, Florida 32405. Located in the County of BAY.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

CAROLYN HAVRANEK, 2415 NICOLE DRIVE, PANAMA CITY, Florida 32405
NELLIE ELIA, 2415 NICOLE DRIVE, PANAMA CITY, Florida 32405


SELLERS TREASURES, LLC

Prepared by SELLERS TREASURES, LLC, 2415 NICOLE DRIVE, PANAMA CITY,
Florida 32405
850-258-4097

CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **SELLERS TREASURES, LLC**

The name and address of the registered agent and office is **CAROLYN HAVRANEK**,
2415 NICOLE DRIVE , PANAMA CITY, Florida 32405. Located in the County of
BAY.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: _____

Carolyn Havranek
CAROLYN HAVRANEK

Date: _____

2-13-06

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