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(Requestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ART OF THE TRAGON II (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:	
KEREN FABREGUE (Name of Person)	n krie
ART OF THE DRAGON IL (Firm/Company)	· An
5246 BEECHMONT AVE	
SARASOTA, F1 34234 (City/State and Zip Code)	٠.
For further information concerning this matter, please call: KAREN FABRESUE at 941 870-2086	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	· — ;
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Street/Country Address	

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART OF THE DRA	read T. I.LC.
Must end with the words "Limited Liability Con	apany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street addres	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

ART OF THE DIRAGON TI, LLC AS 5246 BEECHMONT AVE. SARASOTA FL. 34234	RTOFTHE DRAGONTL, LLC 1246 BEECHMONT AVE. ARASOTA, FL. 34234	
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered Abusiness entity with an active Florida registration.) The name and the Florida street address of the regist	Agent. You must designate an individual or another	
KAREN FABREGI Name	DE APR -3	Part of the last o
5246 BEECHM Florida street address (ONT AVE (P.O. Box NOT acceptable)	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

EFFECTIVE DATE

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Wer	KAREN FABREGUE 5246 REECHMONT AVE SARASOTA, FL 34234	
WEEN	PATRICE FABREGUE 5246 REECHMONT AVE SARASOTA, FL. 34234	
		-
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the	date of filing; MAY 1, 2006. (OPTIONAL) e specific and cannot be more than five business days prior	
to or 90 days after the date of filing.)	PR -3	
REQUIRED SIGNATURE:	PH 2:	
Signature of a member	Tor an authorized representative of a member.	
(In accordance with sec of this document consti that the facts stated h	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury terein are true.)	
KAREUF	PREGVE ped or printed name of signce	-

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)