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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ear Relief 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:	
Robert F Thomas	
(Name of Person)	-==
Ear Relief LLC	
(Firm/Company) — S	- }
104 Coral Way	
(Address)	
Key Largo, FL, 33037	"
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Robert F Thomas at (305) 852-1791/794-6769 (Name of Person) (Area Code & Daytime Telephone Number)	E E S
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee} & \bigcup \text{\$155.00 Filing Fee} & \bigcup \text{\$160.00 Filing Fee}, \\ Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Ear Relief LLc	
Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	turing a Star of the Timited Tighility Commonwing
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
104 Coral Way	104 Coral Way
Key Largo, FL, 33037	Key Largo, FL, 33037
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration (Robert F Thomas)	registered agent are:
Name	PH SE
104 Coral Way	E MAI
Florida street add	dress (P.O. Box NOT acceptable)
Key Largo	FL 33037
City, State, a	and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)



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

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

MGR	Robert F THomas 104 Coral Way Key Largo, FL, 33037	
-		
		006 APR 20 PM
		H 1: 26
(Use attachment if necessary)		
	than the date of filing: 4/16/06 (OPT must be specific and cannot be more than five business)	IONA ss day:

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.)

Robert F Thomas

Typed or printed name of signee

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)