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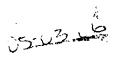
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:		Occassions , d Liability Company)	uc
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
	Svzar	Name of Person)	
		Name of Person)	
	Special	Occasons U	C
	1 ,	(Firm/Company)	
	1409112	H Enevald (Address)	Coast Prwy
	Destin. A	- 32541 /State and Zip Code)	
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Suzan	Lesko	at (<u>860</u>) <u>421</u> -	4019
(Name	e of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\square\ \\$160.00 \text{ Filing Fee,}\$ Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	CS-03-LB
Must end with the words "Limited Liability Company, "Limited	Cassions, UC d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14091 1/2 H. Emerald Coast 1 Destro, A. 32541	Pkuy 412 Main Street Destro, Fr. 32911
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Suzan les	sko
412 Mam	Street
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
Destan City, State, an	FL 32541 nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	accept service of process for the above stated limited as a certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Juzin Pc	Resto.
Registered Agent's Signatu	ire (REQUIRED)

(CONTINUED) Page 1 of 2 06 HAY -8 PH 3: 1.1.

<u> Fitle:</u>		Name and Address:	
'MGR" = Manag			
'MGRM" = Man	aging Member		
00.0.0		Qualitativa	
Marm	_	Suzan lesko	_
		412 Main Street	_
		Destin, A. 32541	_
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LE V: Effective ective date is lis days after the da	date, if other than the date ted, the date must be spate of filing.)	e of filing: OS . O3 - O6 . (OPTI ecific and cannot be more than five busines	ONA s day
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ARTICLE IV- Manager(s) or Managing Member(s):