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RUSH, MARSHALL, JONES AND KELLY, P.A.

ATTORNEYS AT LAW

FLETCHER G. RUSH (1917-2003)
CHARLES V. MARSHALL (1929-1994)
CHARLES R. GEORGE, III (1950-2005)
DAVID B. JONES
ROGER A. KELLY
JAMES C. HINCKLEY
ROBERT S. HOOFMAN
LESLIE S. WHITE
ROBERT J. WATSON, JR.
RACHAEL M. CREWS

Magnolia Place 109 East Church Street, 5th Floor Post Office Box 3146 Orlando, Florida 32802-3146

407-425-5500 FACSIMILE 407-423-0554 E-MAIL JHINCKLEY@RUSHMARSHALL.COM

May 26, 2006

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

Re: Fantasy Creations, LLC

Dear Sirs:

I enclose Articles of Organization for this LLC and a check for \$155.00.

Please file and send me a certified copy.

Very truly yours,

James C. Hinckley

JCH/wpf Encl.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

•	•		
Fantasy Creations, LLC			
	any, "Limited Company" or their abbreviation "LLC," or "L		
ARTICLE II - Address:			
The mailing address and street address	of the principal office of the Limited Liabilit	y Company	/ is:
Principal Office Address:	Mailing Address:		
390 S. Pressview Avenue			
Longwood, FL 32750			
	egistered Office, & Registered Agent's Signs own Registered Agent. You must designate an individual of		
The name and the Florida street address	s of the registered agent are:	06 H	IISIVIO 33S
Andrew O'Connell		HAY	呈層
Name		$\frac{\omega}{2}$	유로구
390 S. Pressview Avenue		70	- SP4:
Florida street address (P.O. Box NOT acceptable)			S S
Longwood,	FL 32750	24	NGI E
C	ity, State, and Zip		(7)

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

Andrew O'Connell 390 S. Pressview Avenue
390 S. Pressview Avenue
Longwood, FL 32750

ate of filing: (OPTIONAL) specific and cannot be more than five business days p

Natar Manuell

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.)

Andrew O'Connell

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)

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SECRETARY OF STAIR DIVISION OF CORPORATIONS