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SECRETARY OF STATE DIVISION OF CORPORATIONS

B. Tadlock AHR 2.3 2006

TRANSMITTAL LETTER

TO:	_	tration Section ion of Corporations	
SUBJ	ECT:	FORENSIC PIECES, LLC	
		(Name of Li	mited Liability Company)
The e	nclosed	Articles of Organization and	fee(s) are submitted for filing.
Please	return	all correspondence concernin	g this matter to the following:
			·
DIA	NNA TI	EMPLE	
		(Name of Person)	
Natio	onal Co	orporate Headquarters, Inc.	
	, ""	(Firm/Company)	
101	Conve	ntion Center Dr., Ste. 700	
		(Address)	
Las '	Vegas,	NV 89109	
		(City/State and Zip Code	2)
For fu	rther in	formation concerning this ma	tter, please call:
Dian	ına Ter	mple	at (702) 873-3488
	. <u></u>	(Name of Person)	(Area Code & Daytime Telephone Number)
		DDRESS:	MAILING ADDRESS:
	ration S		Registration Section
409 F	on of C Gaines	orporations Street	Division of Corporations P.O. Box 6327
		Florida 32399	Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FORENSIC PIECES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

101 Convention Center Dr., Ste. 700

Las Vegas, NV 89109

P.O. Box 27740

Las Vegas, NV 89126

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

BUSINESS FILINGS Freo porched

660 E. JEFFERSON ST.

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE, FL 3230代

City, State, and Zip

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
Bushess Flings Incorporated

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	JANICE MARIE JOHNSON
	8656 ROSEMONT DR.
	PENSACOLA, FL 32514
	GANNE, I-MPLE
(Use attachment if necessary)	•
NOTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	
Ne.	un Verasle
Signature of a	a member or an authorized representative of a member.
of this docume	e with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true.)
DIANNA T	EMPLE
	Typed or printed name of signee
	Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)