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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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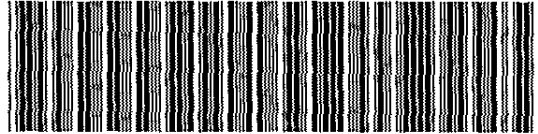
(Business Entity Name)

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TALLAHASSEE, FLORIDA

LO6-102813
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2006

JOHN WENRICK
1976 ALTERNATE 19 S.
TARPON SPRINGS, FL 34698

SUBJECT: CON ASSET CORP., LLC
Ref. Number: W06000043149

We have received your document for CON ASSET CORP., LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

The name of the entity cannot include "CORP.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require to permit the filing of an "Affidavit of Membership and Capital Contributions". Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 906A00058333

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Con Asset Corp., LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name: John C. Wenrick
Company: John C. Wenrick, CPA PA
Address: 1976 Alternate 19 S.
Tarpon Springs, FL 34689

For further information concerning this matter, please call:

John C. Wenrick at (727) 944-5979

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TALLAHASSEE, FLORIDA

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:

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

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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TALLAHASSEE, FLORIDA

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STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION

OF

Con Asset LLC

ARTICLE I:

This Articles of Organization of Con Asset LLC (the Company) a limited liability company, organized pursuant to the Florida Limited Liability Company Act, is executed effective as of the 30th of September 2006 by an among the Company and the persons executing this agreement as the initial members.

ARTICLE 11:

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

Principal Office Address

31439 Darby Rd
Dade City, FL 33525

Mailing Address:

31439 Darby Rd
Dade City, FL 33525

ARTICLE 111:

The Company shall continue in existence until dissolved in accordance with the Company's Articles of Organization, unless the Company is earlier dissolved and its affairs wound up in accordance with the provisions of this Agreement or the Act.

ARTICLE IV:

The Limited Liability Company is to be managed by member managers and the names and addresses of such managers who are to serve as managers are:

Fred LePiere III, Member Manager
31439 Darby Rd
Dade City, FL 33525

Mary Miller LePiere, Member Manager
31439 Darby Rd
Dade City, FL 33525

ARTICLE V:

The names, addresses and membership interests of the Members are as reflected in schedule I attached.

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TALLAHASSEE, FLORIDA

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New members to the Company may only be admitted with the unanimous consent of the members, upon compliance with all terms specified by the Managers and upon receipt by the determined contribution.

ARTICLE VI:

An Annual meeting of the members will be held at such time and date at the principal office of the Company or at such place as is designated by the managers from time to time and stated in the notice of the meeting

IN WITNESS WHEREOF, the undersigned, being the initial manager has caused this agreement to be duly adopted by the Company as of the 30th day of September, 2006, and do hereby assume and agree to be bound by and to perform all of the terms and provisions set forth in the agreement.


Fred Walter LePiere

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

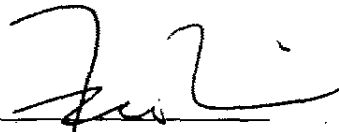
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS
THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE
REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: **Con Asset LLC**
2. The name and address of the registered agent and office is:

Fred Walter LePiere
31439 Darby Rd.
Dade City, FL 33525

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:

Signature



Date:

10/11/06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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