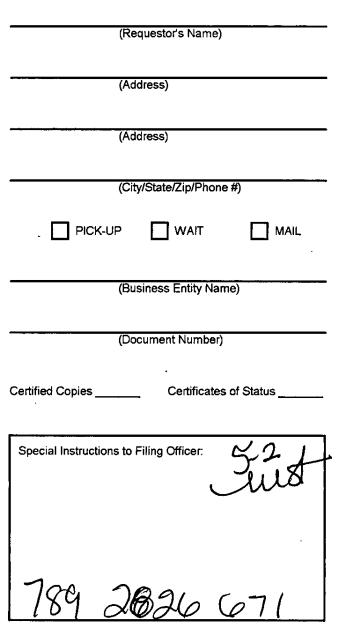
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Office Use Only

WOT-18178



700096457257

04/12/07--01010--006 **160.00

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: KIRBY HUNT ENTERPRISES "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: |
| SANDRA TURNER |
| (Name of Person) |
| BROOKE INSURANCE |
| (Firm/Company) |
| 4040 ORLANDO DRIVE |
| (Address) |
| SANFORD, FL. 32773 |
| (City/State and Zip Code) Description: |
| For further information concerning this matter, please call: |
| SANDRA TURNER at 407 463-9610 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}} Certified Copy (additional copy is enclosed) |

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2007

SANDRA TURNER 4040 ORLANDO DRIVE SANFORD, FL 32773

SUBJECT: KIRBY HUNT ENTERPRISES LLC

Ref. Number: W07000018178

We have received your document for KIRBY HUNT ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 12, 2007

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

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 907A00025028

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | NTERPRISES, "LLC" | | 22 441 - C - 272 | | |
|---|--|--|--|--|--|
| (Must end with the w | ords "Limited Liability Compa | ny, "Limited Company" or their abbreviation "LLC, | or "L.C.,") | | |
| ARTICLE II - | Address: | | | | |
| The mailing add | lress and street address | of the principal office of the Limited Li | ability Company is: | | |
| Principal Offic | e Address: | Mailing Address: | | | |
| 4040 ORLANDO D | DIVE | 4040 ORLANOD DRIVE | | | |
| マンマン ひいんついけいひ ピ | LIVE. | 4040 ORLANOD DRIVE | SANFORD, FL 32773 | | |
| SANFORD, FL 32 ARTICLE III - | 773 Registered Agent, Re | | SEGNATURE: APR | | |
| ARTICLE III - (The Limited Liability business entity with | Registered Agent, Registered Agent, Registered Agent, Registered active Florida registration.) Registered Agent, Registration and active Florida street address: | egistered Office, & Registered Agent's own Registered Agent. You must designate an indiv | idual or another H | | |
| ARTICLE III - (The Limited Liability business entity with | Registered Agent, Registered Agent, Registered Agent, Registered as its an active Florida registration.) | sanford, FL 32773 egistered Office, & Registered Agent's own Registered Agent. You must designate an indivision of the registered agent are: | SECRETARY OF STATE OF | | |
| ARTICLE III - (The Limited Liability business entity with | Registered Agent, Registered Agent, Registered Agent, Registered active Florida registration.) Registered Agent, Registration and active Florida street address: | egistered Office, & Registered Agent's own Registered Agent. You must designate an indiv | SECHETARY OF STATE TALLES Signature ASSEE FLORIDA | | |
| ARTICLE III - (The Limited Liability business entity with | Registered Agent, Registered Agent, Registered Agent, Registered active Florida registration.) Registered Agent, Registration and active Florida street address: | SANFORD, FL 32773 egistered Office, & Registered Agent's own Registered Agent. You must designate an indivers of the registered agent are: Name | SECRETARY OF STATE TALLER SIGNATURE FLORIDA | | |
| ARTICLE III - (The Limited Liability business entity with | Registered Agent, Registered Agent, Registered Agent, Registered Agent, Registration an active Florida registration.) The Florida street address: SANDRA TURNER 253 LEONARDY A | SANFORD, FL 32773 egistered Office, & Registered Agent's own Registered Agent. You must designate an indivers of the registered agent are: Name | SECHETARY OF STATE TALLES SIGNATURASSEE. FLORIDA | | |
| ARTICLE III - (The Limited Liability business entity with | Registered Agent, Registered Agent, Registered Agent, Registered Agent, Registration an active Florida registration.) The Florida street address: SANDRA TURNER 253 LEONARDY A | SANFORD, FL 32773 egistered Office, & Registered Agent's own Registered Agent. You must designate an indivisor of the registered agent are: Name | SECRETARY OF STATE TALLERING SEEF, FLORIDA | | |

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:

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
|---|------------------------|---------------------------------|
| "MGR" | SANDRA TURNER PO BOX 2 | |
| | OSTEEN,FL 32764 | |
| · · · · · · · · · · · · · · · · · · · | | SE: |
| | | 07 APR 12 SECRETARY FAILLAPASSE |
| | | |
| | | I:50 |
| | | |

(Use attachment if necessary)

REQUIRED SIGNATURE:

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.)

SANDRA TURNER, "MGR"

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)