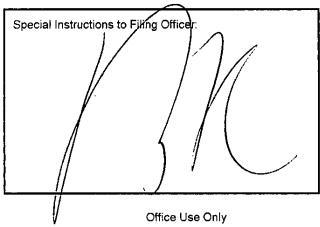
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
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Special Instructions to F	Filing Officer:
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O7 MAY I 4 PH 3: 12
SECRETARY OF STATE
ALLAHASSEE, FLORID





ACCOUNT	NO.	•	072100000032
TICCOUNT	110.		0/2100000002

REFERENCE: 896901

AUTHORIZATION: Spullelena.

COST LIMIT : \$ 155.00

ORDER DATE: May 14, 2007

ORDER TIME : 11:28 AM

ORDER NO. : 896901-005

CUSTOMER NO: 7386760

DOMESTIC FILING

NAME: EDEN TRANSPARENT LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Amanda Roath - EXT. 2955

EXAMINER'S INITIALS:

A Dease use Certified copy to obtain the attached apostille.

Thank You, Arrando

	, and the second se
	ORIDA LIMITED LIABILITY COMPANY
	The transfer of the second sec
ARTICLES OF ORGANIZATION FOR FI	ORIDA LIMITED LIABILITY COMPANY
A DOVEN HIL NAME	7070
ARTICLE I - Name: The name of the Limited Liability Company is:	
Eden Transparent	N.C.
(Must end with the words "I imited Liability Company, "Limit	ed Company" or their abbreviation "L.C.," or "L.C.,")
ARTICLE II - Address:	Ý
	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Suite 23 Portland House	Suite 23 Participal House
GIGCIS ROOM	GICCIS ROCK
<u> Gibratter</u>	Gibrautor
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration)	l Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
Corporation Service Company	
Name	
1201 Hays Street	
Florida street add	ress (PO Box NOT acceptable)
Tallahassee	FL 32301
City, State, a	nd 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.

By: William M. Ed
Registered Agent's Signature (REQUIRED)

William M. Edrington Authorized Representative

Corporation Service Company (CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or M The name and address of each Man	anaging Member(s): nager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mgk	fictorios (Bui) Limited mill mous, suita be whichams cayl, Roord Town Montain, British Virain Islands.
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the same office of the date is listed, the date must of or 90 days after the date of filing.)	the date of filing: $\frac{14 - 05 - 03}{0}$. (OPTIONAL) the specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury d herein are true)
By: Kata I	Bentley for & on Renalf of Typed or prished name of signee frauciery Directors (641) Limited.
Filing Fees:	Cimited .
	
\$125.00 Filing Fee for Articles of Orgon of Registered Agent	ganization and Designation
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	ial)