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TALLAHASSEE, FLORIDA

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601-62245
AK

GENE R. SOLOMON
Certified Public Accountant

1342 Colonial Boulevard
Suite B-11
Fort Myers, Florida 33907
Telephone: (239) 939-5303
Fax: (239) 939-1398
E-mail: grsolo@earthlink.net

June 7, 2007

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

Dear Sir or Madam:

Enclosed please find the following documents to be recorded by the Florida Division of Corporations:

1. Articles of Organization for **ABSECON Wholesale Lighting, LLC**;
2. Check enclosed for \$155.00 to cover the filing fee, registered agent fee and certified copy fee.
3. Copy of the Articles of Organization to be certified and returned to my office.

If you have any questions on the enclosed, please contact me.

Very truly yours,


Gene R. Solomon, C.P.A.

GRS:kmz
Enclosures
Cc: Pam Pass/Michael Miceli

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
ABSECON Wholesale Lighting, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization:

ARTICLE 1. NAME

The name of the limited liability company shall be **ABSECON Wholesale Lighting, LLC** ("company").

ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the company shall be

**c/o Pamela Pass
999 B Trail Terrace Drive
Naples, Florida 34103**

ARTICLE III. DURATION

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The company's existence shall be perpetual, unless the company is earlier dissolved as provided in these articles of organization.

ARTICLE IV. REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the state of Florida is

**Pamela Pass
999 B Trail Terrace Drive
Naples, Florida 34103**

ARTICLE V. ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the company except with the unanimous written consent of all the members of the company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless all the other members of the company, other than the member proposing to dispose of his or her interest, approve of the proposed transfer by unanimous written consent.

ARTICLE VI. TERMINATION OF EXISTENCE

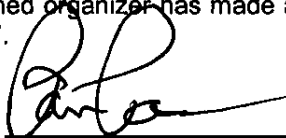
The company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminated the continued membership of a member in the company, unless the business of the company is continued by the consent of all the remaining members, provided there are at least two remaining members.

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ARTICLE VII. – MANAGEMENT

The company shall be managed by a manager in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of the initial manager of the company is **Pamela Pass.**

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Naples, Florida on June 7, 2007.



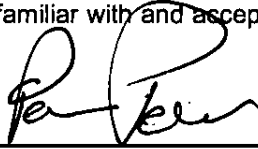
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the articles of organization of **ABSECON Wholesale Lighting, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.



PAMELA PASS
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Internal Revenue Service

DEPARTMENT OF THE TREASURY

The
Digital
Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

26-0313022

Today's Date is: June 07, 2007 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#) [Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 26-0313022 OMB No. 1545-0003
1* Legal name of entity (or individual) for whom the EIN is being requested ABSECON WHOLESALE LIGHTING LLC		
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 999 B TRAIL TERRACE DRIVE		5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code NAPLES FL 34103		5b City, state, and ZIP code
6* County and state where principal business is located County COLLIER State FL		
7a Name of principal officer, general partner, grantor, owner, or trustee FAST HOLDING COMPANY		7b SSN, ITIN, EIN 20-0713129
8a* Type of entity (check only one) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ LLC SUBSIDIARY DISRE </div> <div style="width: 35%;"> <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ </div> <div style="width: 5%;"> <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises </div> </div>		
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State FL Foreign country
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ WHOLESALE <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ </div> </div>		
10* Date business started or acquired (month, day, year) JUN 7 2007		11 Closing month of accounting year DEC
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i>		
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i>		Agriculture Household Other
14* Check box that best describes the principal activity of your business <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Real estate <input type="checkbox"/> Other (specify) </div> <div style="width: 35%;"> <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail </div> <div style="width: 5%;"> <input checked="" type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other </div> </div>		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. LIGHTING FIXTURES		
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name Trade name		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN		
Third Party Designee Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Designee's name Address and ZIP code </div> <div style="width: 35%;"> Designee's telephone number (include area code) () - Designee's fax number (include area code) () - </div> </div>		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) Signature ▶ Not Required Date June 07, 2007 GMT		Applicant's telephone number (include area code) () - Applicant's fax number (include area code) () -