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COVER LETTER

10:	Division of Corporations	
SUBJE	ct: Kyleidoscope, L	1-C
	(Name of Lim	ited Liability Company)
The end	closed Articles of Organization and fee(s) are	e submitted for filing.
Please r	eturn all correspondence concerning this ma	atter to the following:
	Kyle J Brown	(Name of Person)
-	Kyle J Brown	(Firm/Company)
	1513 Proctor St	(Address)
-	tailanassee, FL	32303 ity/State and Zip Code)
For furt	her information concerning this matter, plea	se call:
	(Name of Person)	at (703) 467-8486 (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:	ASS. S.
]\$125.0	00 Filing Fee \$\sum \text{\$\sum \$\sum \text{\$\sum \$\text{\$\sum \$\text{\$\sum \$\text{\$\ext{\$\text{\$\}\$}}}}\$}}}}}}}} \endermating}} \end{times}}} } \end{times}}}}} \end{tin}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	S155.00 Filing Fee & \$160.00 Filing Fee, 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Kyleidoscope, LLC (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the remainder of the service of	ered Agent. You must designate an individual or another
V513 Proctor S Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Tallahass-be City, State, a	
Having been named as registered agent and to a	accent service of process for the above stated limited

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 (REQUIRED)

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing N	lember .
MER	KYNE J Brown
11.01	1513 Proctor St
	TOIL 1 FL 32303
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	TO BY
(Use attachment if neces	sary)
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CLE V: Effective date, if of effective date is listed, the days after the date of file of the effective date of file of this o	sary) Sther than the date of filing:
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CLE V: Effective date, if of effective date is listed, the 0 days after the date of file of the control of this of that it is a filling Fees;	ther than the date of filing:

ARTICLE IV- Manager(s) or Managing Member(s):