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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: Cac	Name of Limited Li				
The enclosed Articles of	Organization and fee(s) are subm	uitted for filing.			
Please return all correspo	ondence concerning this matter to	the following:			
Joe	E. Nelson				
	(Nam	e of Person)			
	(Fire	n/Company)	····		
5/11		• • • •			
0016	UIU FICKOR	Yddress)	.,		
Ta 11	Old Hickor (Ahassee, FL	32303			
7 0071	(City/Stat	te and Zip Code)			,
				TALCA SECON B. B.	
For further information c	oncerning this matter, please call	;		起	- =
Joe E. N.	elson at (850 , 627-	1775	SSE O	FILED #10: 40
(Name o	of Person)	(Area Code & Daytime Tele	phone Number)	FLOG FLOG	
Enclosed is a check for	the following amount:			藍魚	5
\$125.00 Filing Fee		Certified Copy (additional copy is enclosed)	\$160.00 Filing For Certificate of State Certified Copy (additional copy is en	tus &	
	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 C Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Cadillac Joe Promotions L.L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
106 Westling St. 106 Westling St. 20 3 The Ouincy, FL 32352 Duincy, FL 32352
Quincy, FL 32352 Quincy, FL 32352 FG 3
- Sunty 12 30 5
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Joe E. Nelson
Name
5616 Old Hickory Lane
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32303
City, State, and 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MOR	Joe E. Nelson 5616 Old Hickory Lane Tallahasser, Fl 32308	
		08 MAR 13 AM 10: 40 SECRETARY OF STATE
(Use attachment if necessary)		AND: 40
CLE V: Effective date, if other than the ceffective date is listed, the date must be 0 days after the date of filing.)	date of filing: (OPTION specific and cannot be more than five business dates	AL)
REQUIRED SIGNATURE:		
1	. Nelm	

(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.)

E. Nelson
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)