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COVER LETTER

TO: Registration Section Division of Corporation	s			
SUBJECT: Guardian Asset Management, LLC				
(Name of Limited Liability Company)				
The enclosed Articles of Organization	tion and fee(s) are	submitted for filing.		
Please return all correspondence co	oncerning this ma	tter to the following:		
Matt Cochran				
		(Name of Person)		
Guardian Asset Management, LLC				
		(Firm/Company)		
1584 Gardenia Lane				
		(Address)		
Big Pine Key, FL 33043				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Matt Cochran at (305) 395-1198		198		
(Name of Person)		(Area Code & Daytime Te	elephone Number)	
Enclosed is a check for the follo	owing amount:			
\$125.00 Filing Fee \$130.0 Certifi	00 Filing Fee & cate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Registra Divisior P.O. Bo	tion Section of Corporations x 6327 ssee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Guardian Asset Management, LLC

(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:

Trincipal Office Address:	<u>Maning Address:</u>		
1584 Gardenia Lane	1584 Gardenia Lane		
Big Pine Key, FL 33043	Big Pine Key, FL 33043		

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:

Matt Cochran

Name

1584 Gardenia Lane

Florida street address (P.O. Box NOT acceptable)

Big Pine Key, FL 33043

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)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Robin Eubanks 29114 Cedar Drive Big Pine Key, FL 33043
(Use attachment if necessary)	
ARTICLE V: Effective date, if other th	an the date of filing: May 1, 2008. (OPTIONAL) nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	SECRETA TALLAHA
(In accordance vo of this document	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.

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)

Matt Cochran

Typed or printed name of signee