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EXAMINER

FINNERAN & NICHOLSON, P.C.

ATTORNEYS AND COUNSELORS AT LAW 30 GREEN STREET NEWBURYPORT, MASSACHUSETTS 01950 (978) 462-1514 FACSIMILE (978) 465-2584

E-MAIL: CASES@FINNIC.COM

98 NORTH WASHINGTON STREET BOSTON, MASSACHUSETTS 02114 (617) 523-0200

April 30, 2008

FACSIMILE: (617) 523-0381

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

Re: Steve Gaudreau & Associates, LLC

Dear Sir or Madam:

Reference is made to the above-captioned matter. In that connection, please find enclosed the following documents for filing with your office:

- 1. Cover Letter.
- 2. Articles of Organization for Florida Limited Liability Company.
- 3. \$125.00 filing fee.

I have also attached a copy of the above and ask that you date stamp same evidencing its filing with your office and return said copy to the undersigned in the enclosed return envelope.

Thank you for your assistance in this regard.

Very truly yours,

Karen Ashworth, Paralegal

Kaus Oshworth

Enclosure

cc: Steve Gaudreau, Manager Adam D. Page, Esq. Thomas G. Nicholson, Esq.

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COVER LETTER

Registration Section Division of Corporations

TO:

Steve Gaudreau &	Associates, LLC			
- (Name of Li	mited Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this n	natter to the following:			
Susan R. Finneran, Es	_•			
	(Name of Person)			
Finneran & Nicholson,	P.C.			
	(Firm/Company)			
30 Green Street				
	(Address)			
Newburyport, MA 0195	50			
	City/State and Zip Code)			
For further information concerning this matter, ple	ase call:			
Susan R. Finneran	at (978) 462-1514 (Area Code & Daytime Telephone Number)			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Steve Gaudreau & Associates, 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: Principal Office Address: Mailing Address: 7484 Granville Drive Tamarac, FL 33321 Tamarac, FL 33321

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:

Stephen D. Gaudreau
Name
7484 Granville Drive
Florida street address (P.O. Box NOT acceptable)
Tamarac, FL 33321 _{FL}
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

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	Name and Address:	0 =
"MGRM" = Managing Memb	cr	08 HAY
MGRM	Stephen D. Gaudreau	2 1
	7484 Granville Drive	~~~~~
	Tamarac, FL 33321	
MGRM	Jacquelyn C. Bridge	PH 4: 12
	7484 Granville Drive	~
	Tamarac, FL 33321	
		
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(Use attachment if necessary)		
ICLE V: Effective date, if other t	han the date of filing: (OF	PTIONAL)
	must be specific and cannot be more than five busin	iess days prioi
90 days after the date of filing.)		

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(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.)

Stephen D. Gaudreau

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)