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SECRETARY OF STATE

E PETS

T. CLINE
JUN 3 0 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tay Red Marketing LLC (Name of Limited Liability Company)	
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jarred Isgette (Name of Person)	
(Name of Person)	
(Firm/Company)	
894 camino gardens lane	
(Address)	
Bora Raton FC 33432 (City/State and Zip Code)	
	energ k e ergant
For further information concerning this matter, please call:	; ; 1
For further information concerning this matter, please call: Tarred Isge He at (S61) 809 - 2998 775 775 775 775 775 775 775 775 775 77	23.46 41.
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}	
Mailing Address Street/Courier Address	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 I	Liability Company is:			
Jay R	ed Marketi	ing LLC		
(Must end wi	th the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and s	treet address of the pr	rincipal office of the Limited	l Liability Company	is:
Principal Office Address	<u>»:</u>	Mailing Address:		
894 Camino garde Buca Ratan FC	ons lane 33432	894 Caminoga Boca Rafon FC	rdens lane	المعرادسة
	annot serve as its own Regist	Office, & Registered Age tered Agent. You must designate an i		graphem and graphe
The name and the Florida	street address of the re	egistered agent are:		147
J	arred Isger	4e	5E 20	
	arred Isger Name			
	894 Camino	gardens lane		
	Florida street add	ress (P.O. Box NOT acceptable)		
<u>_Bα</u>	ca Rodon	FL 33434		
	City, State, a	nd Zip		
		accept service of process for this corrificate. I have by accept		

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 Member	
MGR	Jarred Isgette 894 camino gardens lane
	Boxa Roten FZ 33432
	BULL / E , DO 100
	20 C 3 1885
(Has attachment if massages)	المارين من المارين الم
(USC anachment II necessary)	
(Use attachment if necessary)	H. H. S. H.
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ARTICLE IV- Manager(s) or Managing Member(s):