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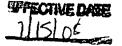
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	(Name of Limited Liability Company)
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
-	Theodore C. Smith
-	Tender Transidiouing LLC
-	6960 Polusetta Ave
-	Lougbout Key Florda 34228
For furt	her information concerning this matter, please call:
	Modore C. Smith at (6/2) 280-5009 (Name of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:
\$125.0	O0 Filing Fee \$\bigs\\$130.00 Filing Fee & Certificate of Status \$\bigs\\$Certified Copy (additional copy is enclosed) \$\bigs\\$Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
Tender Transitioning LLC (Must end with the words "Limited Liability Company, "L.L.C.," or OCLC.")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Loughuat Key Florida Loughuat Key 1 Florida 34228
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:
The name and the Florida street address of the registered agent are: Theodore C. Smidh Name 6760 Poinse ta Nue Florida street address (P.O. Box NOT acceptable) City, Start, and Zip Florida street address 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 (REOLIRED)

(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 "MGRM" = Managing Member	Name and Address:
Marm	Jane E Smith 6960 Poinsetta Ave Longboat Key j FLorida 34228
	the date of filing: July 15, 2008. (OPTIONAL) the specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	= ,0 =

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.)

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)