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(Requestor's Name)

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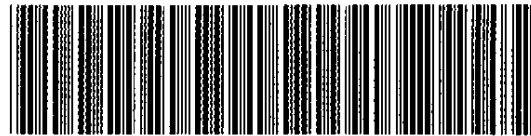
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O. O. O.

APR 30 2009

**WILLIAM D. ANDERSON, JR.
ATTORNEY AT LAW
2987 SE Ocean Blvd
Stuart, FL. 34992**

772-283-2411

Fax 772-283-2419

April 15, 2009

Secretary of State
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL. 32301

RE: LYNN'S INNOVATIONS, LLC

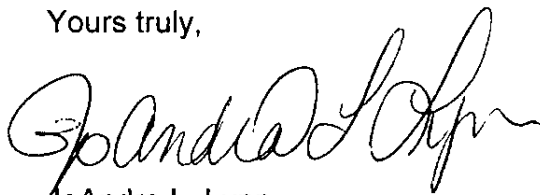
Dear Sir:

Enclosed please find the original and one copy of the Articles of Organization for the above referenced Limited Liability Company

I have enclosed the amount of \$125.00 to the Secretary of State for the filing fees of the enclosed Limited Liability Company.

Thank you for your prompt attention to this matter.

Yours truly,

A handwritten signature in black ink, appearing to read "JoAndra L. Lynn". The signature is fluid and cursive, with the first name "JoAndra" being more prominent than the last name "Lynn".

JoAndra L. Lynn
Assistant to Dale Anderson



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2009

WILLIAM D. ANDERSON, JR. ATTORNEY AT LAW
2987 SE OCEAN BLVD.
STUART, FL 34992

SUBJECT: LYNN'S INNOVATIONS, LLC
Ref. Number: W09000018739

We have received your document for LYNN'S INNOVATIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 809A00013416

**ARTICLES OF ORGANIZATION FOR
LYNN'S INNOVATIONS, LLC**

ARTICLE I – NAME:

The name of the Limited Liability Company is: **LYNN'S INNOVATIONS, LLC**

ARTICLE II – Address:

The mailing address and the street address of the principal office of the Limited Liability Company is:

PO BOX 86, Port Salerno, Fl. 34992 – Mailing
5517 SE 45th Street, Port Salerno, Fl. 34992- Street Address

ARTICLE III - Duration:

The period of duration for the Limited Liability Company is perpetual.

ARTICLE IV – Management:

The Limited Liability Company is to be managed by one or more manager and the name(s) and address(es) of the managing member(s) are:

Van Curtis Lynn Sr., 5517 SE 45th Street, PO Box 86, Port Salerno, Fl. 34992

And the limited liability company is a manager-managed company.

ARTICLE V – Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: determined by the unanimous vote of the managing members.

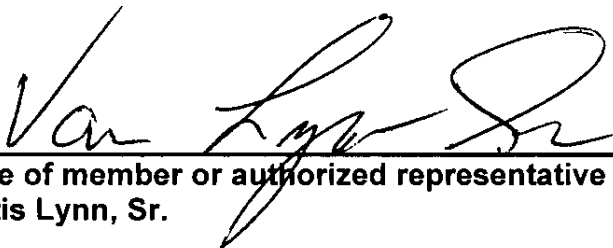
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ARTICLE VI – Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership in the limited liability company shall be: in absolute discretion of the remaining member(s).

ARTICLE VII - Nature of Business

The business purpose of this Limited Liability Company is investment in real estate activities and for any other lawful purpose.



Signature of member or authorized representative of a member.
Van Curtis Lynn, Sr.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: LYNN'S INNOVATIONS, L.L.C. and its address is 5517 SE 45th Street, Port Salerno, FL. 34992.
2. The name and address of the registered agent and office is:

Van Curtis Lynn Sr., 5517 SE 45th Street, Port Salerno, FL. 34992

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.

Van Lynn Sr
(SIGNATURE)

4-27-09
(DATE)

Filing Fee: \$25.00 for Designation of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA