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(Address)
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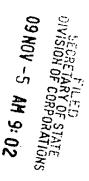
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B. KOHR

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EXAMINER



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KASCAR LLC	OS MON OF COM
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	Art of Inc. File LTD Partnership File
	Foreign Corp. File
, ·	L.C. File
•	Fictitious Name File
	Trade/Service Mark
1	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
-	Vehicle Search
	Driving Record
Requested by AN Nov 5 PM	UCC 1 or 3 File - UCC 11 Search
Name Date Time	OCC 11 Statell

UCC 11 Retrieval

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	ON SON COLUMN CO
KASCAR LLC	# 0,5°
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")	9.
ARTICLE II - Address:	2 3
The mailing address and street address of the principal office of the Limited Liability C	Company is:

Principal Office Address:

Mailing Address:

4450 ESTERO BLVD., #402	c/o CHRISTOPHER R. RHODES
FT. MYERS BEACH, FL. 33931	4229 N. CLAREMONT AVE.
	CHICAGO, IL 60618-2905

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:

Jour Capital Connection Inc.

Name

417 E. Virginia Street Ste /

Florida street address (R.D. Box NOT acceptable)

TAllahassee FL 3230 /

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 (REQUIRE

(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:

"MGR" = Manager	Name and Address:
	. M. ala
"MGRM" = Managin	g Member
MGR	CHRISTOPHER R. RHODES
	4229 N. CLAREMONT AVE.
	CHICAGO, IL 60618
MGR	ALBENE E. KOKOCINSKI
	4229 N. CLAREMONT AVE.
	CHICAGO, IL 60618
	•
	•
(Use attachment if nec	cessary)
•	•
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LE V: Effective date, fective date is listed, the days after the date of REQUIRED SIGNATION Signation of the date	if other than the date of filing: (OPTION the date must be specific and cannot be more than five business defiling.) TURE: ature of a member or an authorized representative of a member. accordance with section 608.408(3), Florida Statutes, the execution has document constitutes an affirmation under the penalties of perjury

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)