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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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August 26, 2011

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

RE: Three Parts Brilliant, LLC

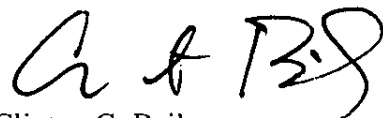
Dear Sir or Madam:

Enclosed for filing please find the Articles of Organization for *Three Parts Brilliant, LLC* together with a check in the amount of \$125.00.

Please provide your letter of acknowledgement to the undersigned.

Very truly yours,

CRITCHFIELD, CRITCHFIELD & JOHNSTON, LTD.



Clinton G. Bailey

CGB/cjg
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Three Parts Brilliant, LLC
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:

Clinton G. Bailey

Name of Person

Critchfield, Critchfield & Johnston, Ltd.

Firm/Company

P.O. Box 469

Address

Mount Vernon, OH 43050

City/State and Zip Code

bailey@ccj.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clinton Bailey

Name of Person

at (740)

397-4040

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 & 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 Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Three Parts Brilliant, 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:

4560 Pinewood Avenue
Jacksonville, FL 32207

Mailing Address:

4560 Pinewood Avenue
Jacksonville, FL 32207

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:

Clint Compton

Name

4560 Pinewood Avenue

Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 32207

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.

Clint Compton

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Clint Compton

4560 Pinewood Avenue

Jacksonville, FL 32207

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 26, 2011 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Clint Compton

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)