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COVER LETTER

Division of Corporations	
SUBJECT: Eldeye LL Name of Limited L	iability Company
The enclosed Articles of Organization and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	the following:
Lawrence	D. Imhoff ne of Person
	L_L_C n/Company
6323 76+	Address E.
	The state of the s
Palmetto	FL 3422 For the and Zip Code
	Smail com tutul annual report notification)
For further information concerning this matter, please call	party.
L.D. Imhoff at (94 Name of Person Area	920 - 050 8 Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	\$160.00 Filing Fee. Certified Copy itional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations

Registration Section Division of Corporation 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 Liability Company is:			
Eldeye LI	LC		
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
6323 76th Ave. E.	<u> </u>		
Palmetto FL 3422			
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	egistered Agent. You must designate an individ-	. ~	
The name and the Florida street address of the registered a	gent are:		
Lawrence	D. Imhoff	91 May high	
6323 76 the A Florida street address (P.O. Box M		PH 2	
Palmetto	FL 34221	629) [∴u.	***************************************
•	•		

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 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQU

Page 1 of 2

Title: "AMBR" = Authorized "MGR" = Manager	Member	Name and Address:
	AMBR	Lawrence D. Imhoff 6323 764 Ave. F. Palmette, FL 3+221
		A 14 A 15
(Use attachment if neces	ssary)	5 m - S
ective date is listed, the	ther than the date of fili date must be specific a	ng: (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL)
ective date is listed, the of filing.)	date must be specific a	ng: (OPTIONAL) ? ? ? and cannot be more than five business days prior to or 90
E VI: Other provisions, i REQUIRED SIGNATI (In accordance constitutes an I am aware the	date must be specific and any. URE gnature of a member e with section 605.0203 affirmation under the part any false information	and cannot be more than five business days prior to or 90
REQUIRED SIGNATO (In accordance constitutes an I am aware the constitutes a time of filing.)	gnature of a member e with section 605.020; affirmation under the pat any false information hird degree felony as part of the pat any false information by the pat an	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document benalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State revided for in s.817.155, F.S.)