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| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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The

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: Fan Trans LLC. Name of L | imited Liability Company | |
| The enclosed Articles of Organization and fee(s) | are submitted for filing. | |
| Please return all correspondence concerning this | matter to the following: | |
| John Nickels Sr. | | |
| | Name of Person | |
| Fan Trans LLC. | | |
| | Firm/Company | |
| 5651 Forester Lake Dr. | | |
| | Address | |
| Sarasota Florida 34243 | | |
| | City/State and Zip Code | |
| fivecents55@msn.com E-mail address: (to be us | sed for future annual report notifica | ation) |
| For further information concerning this matter, pl | ease call: | |
| John Nickels Sr at 1 | (941) <u>544-3496</u> | |
| Name of Person | | lephone Number |
| Enclosed is a check for the following amount: | | |
| □ \$125.00 Filing Fee | □\$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 | Street/Courier Add | ress |
| Registration Section Division of Corporations | Registration Section Division of Corporat | tions |
| Division of Corporations | Praision or Corbora | HO III |

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

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

EFFECTIVE DATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | ٠. |
|---|-------------------------------------|-----------------------|
| The name of the Limited Liability Company is: | | Sign on |
| | | |
| Fan Trans LLC. | | (LC.") 65 |
| (Must end with the words "Limited | Liability Company, "L.L.C.," or "I | LC.") |
| ARTICLE II - Address: | | any is: |
| The mailing address and street address of the principal of | fice of the Limited Liability Comp. | any is: |
| | | |
| Principal Office Address: | Mailing Address: | Qr' |
| 5651 Forester Lake Dr. | Same | , |
| Sarasota | Same | |
| Florida 34243 | | |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration | Registered Agent. You must design | nate an individual or |
| The name and the Florida street address of the registered | agent are: | |
| John Nickels Sr. | | |
| Name | | |
| 5651 Forester Lake Dr. | | |
| Florida street address (P.O. Box | NOT acceptable) | |
| Sarasota | FL 34243 | |
| City | 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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| R" = Authorized Member " = Manager R | Name and Address: John Nickels Sr. |
|--|--|
| " = Manager | John Nickels Sr. |
| | John Nickels Sr. |
| | VOI.11.1.1101.10.10.01.1 |
| | 5651 Forester Lake Dr. |
| | Sarasota Florida 34243 |
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