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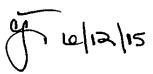
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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: 4 K Led T	ech mited Liability Company
Name of Life	ппес спартну сотрану
The enclosed Articles of Organization and fee(s) an	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Dewey B Go	scelin
	Name of Person
,,,,	1~ 1
4 K L	ed Tech
	Firm/Company
3618 Quanto	om BLVD
	1 tout obb
Boynton	Beach FL. 33426 City/State and Zip Code E pa Green Led. com
-	City/State and Zip Code
	2 Epa Green Led. com
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	e call:
- 5 - 11	
Dewey B Gosselin at (SGI 309.9973 Area Code Daytime Telephone Number
	rea Code Daytime Telephone Number
	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
Enclosed is a check for the following amount:	20 No. 1
\$125.00 Filing Fee \$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy
	(additional copy is enclosed)
Mailing Address	Street Address
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	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:			
	188 - + 81 S		4K Led +	ech LLC
(Must end w	ith the words "Limited			
ARTICLE II - Address: The mailing address and street add	fress of the principal of	ffice of the Limited	Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Addre	<u>:ss</u> :
3618 Qu Boynton	antom BLV Beach F 33426	<u>'0</u>	Same	
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an ac	annot serve as its own	Registered Agent. Y	t's Signature: Tou must designate an ind	vidual or
The name and the Florida street ac				
	Deway	1 B.	Gosselin ard Terrace cceptable) 33455 Zip	
	7	Name		
	8090 5	se Orch	ard Terrace	_
	Florida street address	(P.O. Box NOT ac	cceptable)	
	-tobe So	ond FL	· 33455	
	City	State	Zip	
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the appovisions of all statutes regations of my position o	ointment as registers lating to the proper as registered agent a	d agent and agree to act in and complete performance is provided for in Chapter (n this capacity. I e of my duties, and I
	Registe	ered Agent's Signatu	ire (REQUIRED)	
		(CONTINUED)		55 July 7
		Page I of 2		W-8 PH 2: 2:

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:		
"MCP" - Monogor	AMBR	Deway B Gossel	in d Terra	ie
	AMBR	Melissa Conn 3349 S. Federal	<u>33455</u> <u>14w</u> y ,	ept. K
	MGR MGR MGR	Boynton Beach FL John N Berbur 1320 55 Cave Rd	<u>. 3343</u> 5′	,
	mgr	Street Fr 34997 Peter Borber		
	mgr	3417 SE Jan Stuart FL 349 Craig Borden	aica Lan	_
(Use attachment if nece	ssary)	10 Box 1577 Harwich MA 02641	,	
ARTICLE VI: Other provisions,	if any.	<u> </u>		
REQUIRED SIGNAT	TURE:			
	4/1	<u> </u>		
(In acco constitu I am aw	ordance with section 605 utes an affirmation under vare that any false inform	or an authorized representative of a member 5.0203 (1) (b), Florida Statutes, the execution of the penalties of perjury that the facts stated hemation submitted in a document to the Departmy as provided for in s.817.155, F.S.)	of this document erein are true.	
	Dewey ?	3. Gosselia		
	Туре	ed or printed name of signee	ज	
\$ 30.00 Certified Co		Filing Fees: tion and Designation of Registered Agent	W -8 - MM -8 - MM	Es arend d
		Page 2 of 2	# 2· 28	U