

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : GILLIGAN, GOODING & FRANJOLA, P.A.
Account Number : I20010000016
Phone : (352) 867-7707
Fax Number : (352) 867-0237

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: SUGARHOP2005@HOTMAIL.COM**FLORIDA LIMITED LIABILITY CO.**
Future Dawn, LLC

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|-----------------------|----------|
| Certificate of Status | 0 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Future Dawn, LLC**ARTICLE II - Address:**

The street and mailing address of the principal office of the Limited Liability Company is:

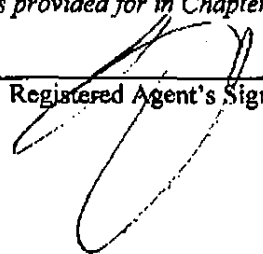
Principal Office Address:4600 NE 112th Avenue
Silver Springs, FL 34488**Mailing Address:**4600 NE 112th Avenue
Silver Springs, FL 34488FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's 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:

W. James Gooding III
Name1531 SE 36th Avenue
Florida street address (P.O. Box is NOT acceptable)Ocala, FL 34471
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 605, F.S.



Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

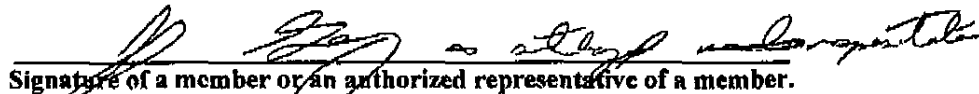
MGR

Tricia Hopkins
4600 NE 112th Avenue
Silver Springs, FL 34488

ARTICLE V: Effective Date, if other than the date of filing: _____ (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).

ARTICLE VI: Other Provisions, if any. _____

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1) (b), 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.)

Tricia Hopkins

Typed or printed name of signee