TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

L95000000593

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

700001552137 -08/02/95--01073--002 ++++346.25 ++++346.25

SUBJECT:	Kaleidoscope Resource		<u> </u>
	(Proposed limited liability	y company name - must includ	e suffix)
			.9
Enclosed is an or	iginal and one (1) copy of t	he articles of organizatio	n and a check for : 📜 🧗 🔭
\$285.00	\$293.75	\$337,50	X \$346.25
Filing Fee	Filing Fee,	Filing Fee,	Filing Fee, 25
& Registered Agent designate		Registered Ager Designation &	nt Registered Agent 会社
	Certificate	Certified Copy	Certified Copy & '' Certificate
	Mary V. Fulkerson		
FROM: _	Name	(Printed or typed)	· · · · · · · · · · · · · · · · · · ·
	117 Hickory Creek	Blvd.	2001 E - DUA ALLA - 3 1995
_		Address	THE THE PARTY OF T
	Brandon, FL 33511		Julkeroe O GAVE
_	Cit	y, State & Zip	WITHORIZATION BY PHONE RACEPT
	(813)-661-8445	(813)-681-4531	AUTHORIZA
-	Daytime	Telephone number	10 TRECT 3-3
			OOC. EXAN ST
			(MO)

NOTE: Please provide the original and one copy of the articles.



July 19, 1995

KALEIDOSCOPE RESOURCES P.O. BOX 3126 BRANDON, FL 33509

SUBJECT: KALEIDOSCOPE RESOURCES, LLC Ref. Number: W95000014556

The articles of organization must be prepared in compliance with section 608.407, Florida Statutes. Please refer to this section of the law.

There is a fee of \$285.00 due.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6924.

Sharon Tala Document Specialist Supervisor

Letter Number: 495A00034599

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Raleidoscope Resources, L.C.

ARTICLE II - Address:

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

Kaleidoscope Resources, LLC P.O.Box 3126 Brandon, FL 33509-3126

117 Hickory Creek Blvd. Brandon, FL 33511

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

30 years

ARTICLE IV - Management: (check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Mary V.Fulkerson 117 Hickory Creek Blvd. Brandon, FL 33511

Denise A. Fulkerson 3102 Creekgrove Court Brandon, FL 33511-7318

Debra A. Fulkerson 3201 Doe Court Brandon, FL 33511

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Additional members may be admitted by the company upon such terms and conditions as may be approved by a majority vote of the members.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

In the event or occurrance as described in the above paragraph, the company's business shall not terminate but shall continue after an appropriate adjustment is made in the capital account; The company capital accounts and the percentage interests of the profit and losses shared by the remaining or surviving members.

ARTICLE VII REGISTERED AGENT

Mary V. Fulkerson 117 Hickory Creek Blvd. Brandon, FL 33511

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By my signature below hereby accept designation as registered agent for the above said Limited Liability Company.

NOTE: If no provisions are to be made in Artice V and VI remove this page before submitting for filing with the Department of State.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of				
Kr.Leidoscope Resources, L.C.	deposes and says:			
1) the above named limited liability company has at least two members				
2) the total amount of cash contributed by the member(s) is	\$ <u>20.000.00</u> .			
3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	\$.			
4) the amount of cash or property anticipated to be contributed by member(s) is	\$ <u>60,000,00</u> .			
5) the total amount of 2, 3, and 4 is	\$ _80,000.00			

Many J. Juliana.

Signature of a member or authorized representative of a member and registered agent (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILE NOW: Fee after May 1, will be \$263.75

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra J. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **FILING FEE** Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 238.75 Name and Mailing Address of Limited Luibility Company **DOCUMENT** #L95000000593 1a. Principal Place of Business Address KALEIDOSCOPE RESOURCES, L.C. 117 HICKORY CREEK BLVD. 117 HICKORY CREEK BLVD. BRANDON FL 33511 BRANDON FL 33511 If above making address is excerned in any way, line through incorrect information and enter correction in Block 2a 2 Principal Place of Business 2a. Mailing Address 3. Unite Organized or Qualified | 3a. State of Formation 08/03/1995 FLSuito, Apt #, etc Suite, Apt #, etc. 4. FEI Number Applied For 265-0597648 City & State City & State Not Applicable 6. Certificate of Status Desired Country Country 7. Name and Address of Current Registered Agent 6. Name and Address of New Registered Agent FULKERSON, MARY V 117 HICKORY CREEK BLVD. Street Address (P.O. Box Number le Not Acceptable) BRANDON FL 33511 <u>| DDDDDD1830516</u> | -05/20/96--01080--011 | ****238.75 Suite Ant if etc. Zip Code 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE _ (Registered Agent Accepting Approximents - (EXX) - Registered Agent argustum requires when reinstating 10. Title Business Street Address City, State and Zip Code Managing Members/Managers MGRM FULKERSON, MARY V 17 HICKORY CREEK BLVD. BRANDON FIL MGRM FULKERSON, DENISE A \$102 CREEKGROVE CT. BRANDON FL MGRM FULKERSON, DEBRA A \$201 DOE COURT BRANDON FL

11 Ido hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3) (k). Figrida Statutes I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or frustee empowered to execute this report as required by Chapter 608, Florida Statutos, and that

SKRIVATURE WAS TAKED ON FARINTED WAVE OF SIGNING MANAGING IN MEMBER ON MANAGER

INHSE 10 R(12-95)

my name appears in Block 10, or on an attachment with an address

SIGNATURE: May of Luckerson



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 12, 1996

KALEIDOSCOPE RESOURCES, L.C. 117 HICKORY CREEK BLVD. BRANDON, FL 33511

SUBJECT: KALEIDOSCOPE RESOURCES, L.C.

Ref. Number: L95000000593

We have received your Annual Report; however, the document <u>has not been filed</u> and is being returned for the following:

Complete Block 4 by entering your Federal E.nployer Identification (FEI) number or by checking the appropriate box. A Social Security number is not a valid FEI number. For FEI number assistance, call the IRS at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call (904) 487-6059.

Division of Corporations Letter Number: 696A00016864