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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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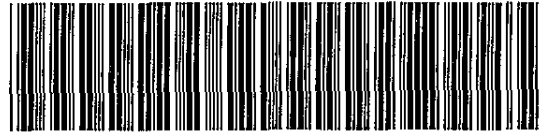
(Business Entity Name)

(Document Number)

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*[Handwritten signature]*

Barbara L. Savino  
Special Additions, LLC  
1530 Jill Jenee Lane  
Longwood, FL 32779

April 14, 2004

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

Subject: Special Additions, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning the matter to the following:

Barbara L. Savino  
Special Additions, LLC  
1530 Jill Jenee Lane  
Longwood, FL 32779

For further information concerning this matter, please call:

Barbara Savino at (407) 682-7205.

Sincerely,

*Barbara L. Savino*

Barbara L. Savino  
Attachments:

Articles of Organization  
Check No. 190 in amt. of \$125.00

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Special Additions, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

130 Jill Jenee Lane  
Longwood, FL 32779  
USA

**Mailing Address:**

1530 Jill Jenee Lane  
Longwood, FL 32779  
USA

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Barbara L. Savino  
1530 Jill Jenee Lane  
Longwood, FL 32779  
USA

*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 608, Florida Statutes.*

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\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

Barbara L. Savino  
1530 Jill Jenee Lane  
Longwood, FL 32779

**REQUIRED SIGNATURE:**

*Barbara L. Savino*

\_\_\_\_\_  
**Signature of a member of an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts herein are true.)

\_\_\_\_\_  
Barbara L. Savino

Typed or printed name of signee

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