

L02000023203



ACCOUNT NO. : 072100000032
REFERENCE : 730986 7349347
AUTHORIZATION : *Patricia Pujate*
COST LIMIT : \$ 125.00

ORDER DATE : September 4, 2002
ORDER TIME : 1:38 PM
ORDER NO. : 730986-001
CUSTOMER NO: 7349347

CUSTOMER: Mr. Jorge Ameglio
Mr. Jorge Ameglio
541 Golden Harbour Dr.
Boca Raton, FL 33432

RECEIVED
02 SEP -6 PM 2:32
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: AMEKOR INTERNATIONAL, LLC.

EFFECTIVE DATE: 500007572325--9

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons - EXT. 1139

EXAMINER'S INITIALS:

FILED
02 SEP -6 PM 1:16
TALLAHASSEE, FLORIDA

*9/9
mist*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMEKOR INTERNATIONAL, LLC.

ARTICLE II - Address:

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

530 PHILLIPS DR., BOCA RATON, FLORIDA 33432

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

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

GUY KORSIA		
Name		
530 PHILLIPS DR.		
Florida street address (P.O. Box NOT acceptable)		
BOCA RATON	FL	33432
City, State, and Zip		

RECEIVED
 02 SEP - 6 PM 1:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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, F.S.

GUY KORSIA

By: Guy Korsia

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Laura R. Dunlap
 Signature of a member or 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 stated herein are true.)

LAURA R. DUNLAP

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FROM : Panasonic FAX SYSTEM

PHONE NO. : 561 338 9284

Sep. 05 2002 08:52PM P1

FROM : Panasonic FAX SYSTEM

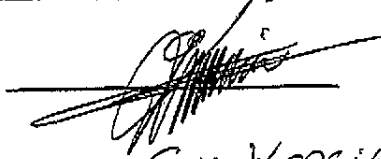
PHONE NO. : 561 338 9284

Sep. 05 2002 09:23AM P1

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of AMEKOR INTERNATIONAL, LLC, the "LLC", a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this _____ day of _____, 2002.

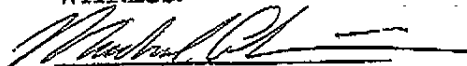


 Guy Korsia

Signature

Print Name of Signer

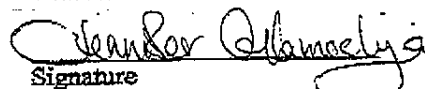
WITNESS:



 Signature

MICHAEL GIAMOCLIJA
 Print Name of Witness

WITNESS:



 Signature

JENNIFER GIAMOCLIJA
 Print Name of Witness

RECEIVED
 MAIL ROOM
 02 SEP - 6 PM 1:16
 P.M. 1:16

BY THE LIMITED POWER OF ATTORNEY DESIGNATED