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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

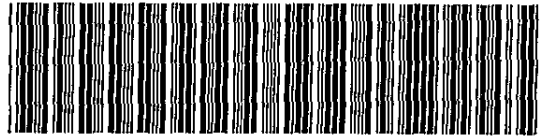
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DIVISION OF CORPORATIONS
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**JEROME NESTOR
ATTORNEY-at-LAW
1615 NIGHTENGALÉ CIRCLE
LINDENHURST, IL. 60046**

Office: (847) 267-2435
(847) 962-4253
Facsimile: (847) 267-2519

December 2, 2003

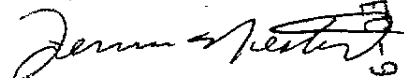
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Organization for Regus International Services, LLC

To Whom It May Concern:

Enclosed you will find the Articles of Organization for the above-referenced LLC. We have elected to pay \$160.00, which includes the \$100.00 fee for the Articles of Organization, \$25.00 for the Designation of Registered Agent, \$30.00 for a Certified Copy, and \$5.00 for a Certificate of Status. The Check is payable to the Florida Department of State.

Very truly yours,



Jerome Nestor
Attorney for LLC

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REGUS INTERNATIONAL SERVICES, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

JEROME NESTOR
(Name of Person)

JEROME NESTOR, ATTORNEY AT LAW
(Firm/Company)

1615 NIGHTENGALE CIRCLE
(Address)

LINDENHURST, IL. 60046
(City/State and Zip Code)

For further information concerning this matter, please call:

JEROME NESTOR at (847) 267-2435
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

REGUS INTERNATIONAL SERVICES, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1560 SAWGRASS CORPORATE PKWY--

SAME

4TH FLOOR

SUNRISE, FL. 33323

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

CURTIS AMALVY DE GREFF

Name

1560 SAWGRASS CORPORATE PKWY--4TH FLOOR

Florida street address (P.O. Box **NOT** acceptable)

SUNRISE,

FLORIDA

City, State, and Zip

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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..

X 
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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

CURTIS AMALVY DE GREFF

7100 SW 114 TERRACE

PINECREST, FL. 33156

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

x 

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.)

CURTIS AMALVY DE GREFF

Typed or printed name of signee

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DIVISION OF CORPORATIONS

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)