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LAW OFFICES JACOBI & JACOBI PROFESSIONAL ASSOCIATION

BENJAMIN R. JACOBI JOEL S. JACOBI 1313 N.E. 125 STREET NORTH MIAMI, FL 33161

June 15, 2004

TELEPHONE
DADE (305) 893-4135
BROWARD (954) 921-4026
TELEFAX
(305) 893-4173

Secretary of State
Division of Corporations
Dept. Of State
P.O. Box 6327
Tallahassee FL 32314

Re: Valfleury, LLC

Gentlemen:

Enclosed please find two sets of Articles of Organization for the above LLC along with a check in the amount of \$125.00.

Please forward a certified copy of the Articles of Organization to the attention of the undersigned.

Thank you for your cooperation and courtesies in this matter.

Very truly yours,

JACOBI & JACOBI, P.A.

BY:

RENIAN

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BRJ:crm Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VALFLEURY, LLC

ARTICLE II - Address:

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

12610-48 N.E. 11th Avenue North Miami, FL 33161

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

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

Aimee Espina
Name
12610-48 N.E. 11th Avenue
Florida street address (P.O. Box <u>NOT</u> acceptable) No. Miami FL 33161
No. Miami FL 33161
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 608, F.S..

Sime Saina		
Registered Agent's Signature AIMEE ESPINA	•	-
Article IV - Management (Check box if applicable.)	⋛	
The Limited Liability Company is to be managed by one manager or more imager therefore, a manager - managed company.	10N 18 PH 121	SFILED
(An additional affect must be added if an effective date is requested)	ၾ	
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 periory		•

that the facts stated herein are true.)