

L040000 48562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

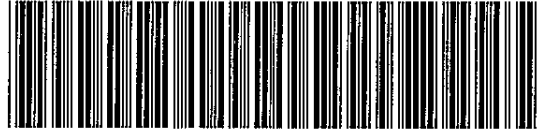
(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Legault Enterprises, LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
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- Certificate of Good Standing _____
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- Certificate of Fictitious Name _____
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- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

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Requested by: _____

Name _____

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WL 6/28 3:00

ARTICLES OF ORGANIZATION
OF
SEGFAULT ENTERPRISES, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I
NAME

The name of the limited liability company (hereinafter referred to as the "Company") is "Segfault Enterprises, LLC."

ARTICLE II
ADDRESS

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

1860 Massachusetts Avenue Northeast, #221
St. Petersburg, Florida 33703

ARTICLE III
REGISTERED AGENT

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

Jason P. Bruzzichesi
1860 Massachusetts Avenue Northeast, #221
St. Petersburg, Florida 33703

ARTICLE IV
MANAGEMENT

The Company is to be managed by the members.

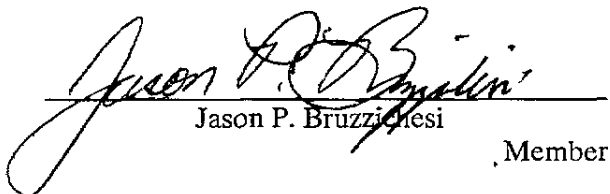
ARTICLE V
LIMITATION ON AGENCY AUTHORITY OF MEMBERS

Pursuant to section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

ARTICLE VI
OPERATING AGREEMENT

Any Operating Agreement (as defined in Section 608.402(24) of the Act), relating to this Limited Liability Company must be in writing and signed by all of the members.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 23RD day of June, 2004.



Jason P. Bruzzi
Member

(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.)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned Limited Liability Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

1. The name of the Corporation is SEGFAULT ENTERPRISES, LLC.
2. The name and address of the registered agent and office is:

Jason P. Bruzzichesi
1860 Massachusetts Avenue Northeast, #221
St. Petersburg, Florida 33703

SEGFAULT ENTERPRISES, LLC

By: _____

Member/Manager

Dated: June 23, 2004

Having been named as Registered Agent and to accept service of process for the above stated Limited Liability Corporation 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.

Jason P. Bruzzichesi

Dated: June 23, 2004