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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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elite illustration llc

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October 16, 2007

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SUBJECT: ELITE ILLUSTRATION LLC
REF: W07000051138FLORIDA DEPARTMENT OF STATE
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Agnes Lunt
Regulatory Specialist IIFAX Aud. #: H07000255544
Letter Number: 207A00060730

P.O BOX 6327 - Tallahassee, Florida 32314

440000255544

**ARTICLES OF ORGANIZATION
OF
ELITE ILLUSTRATION LLC
A Florida Limited Liability Company**

ARTICLE I-NAME

The name of the Limited Liability Company is:

ELITE ILLUSTRATION LLC

ARTICLE II-ADDRESS:

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

PRINCIPAL OFFICE ADDRESS:

4400 HILLCREST DR. APT. 308 HOLLYWOOD, FL. 33021

MAILING ADDRESS:

4400 HILLCREST DR. APT. 308 HOLLYWOOD, FL. 33021

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE

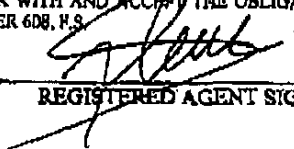
The name and the Florida street address of the registered agent are:

JUAN CARLOS SILVA
(NAME)

4400 HILLCREST DR. APT. 308
FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

HOLLYWOOD, FLORIDA 33021
CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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.


REGISTERED AGENT SIGNATURE

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ARTICLE IV - MANAGEMENT/MEMBER(S):

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager

MGRM= Managing Member

MGR= JUAN CARLOS SILVA 4400 HILLCREST DR. APT. 308 HOLLYWOOD, FL. 33021.

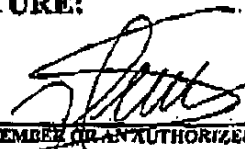
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(Use attachment if necessary)

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

REQUIRED SIGNATURE:


SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.

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

JUAN CARLOS SILVA

Typed or printed name of signed

44552000707H