

29500000529

FILED
 95 JUL 10 AM 8:21
 TALLAHASSEE, FLORIDA

Philip Sandon
 (Requestor's Name)
201 South Monroe St. Su 500
 (Address)
Tall. Fl. 222-8611
 (City, State, Zip) (Phone #)

OFFICE USE ONLY

300001537110
 -07/19/95--01065--023
 +++608.75 +++346.25

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. I.C. Limited Company
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

C. TAX _____
 FILING 11250.00
 R. AGENT FEE 35.00
 C. COPY 52.50 + 8.75
 TOTAL 11346.25
 N. BANK _____
 BALANCE DUE _____
 REFUND _____

D. BROWN JUL 11 1995

Examiner's Initials

RECORDED
95 JUL 10 AM 8:21
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: L. L. Limited Company

ARTICLE II - Address:

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

2824 B Remington Green Lane
Tallahassee, FL 32308

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: Perpetual

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members according to their agreement which is attached hereto and made a part of this document. The names and addresses of the managing members are:

L. L. C. Inc. at 10440 Armand Laverne, Hundred Road, MC Hill 3894,
and for V. C. Royally, Inc. at 2824B Remington Green Lane,
Tallahassee, Florida 32308

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: Additional members may be admitted if there is a unanimous vote by the members to admit a new member.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company, on the death, retirement, resignation, expulsion, bankruptcy of a member or any other event which terminates the continued membership of a member, the Limited Liability Company shall continue to do business.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of

FRANK L. VISCONTI deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 1,000.00. This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a 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 OF
REGISTERED AGENT/REGISTERED OFFICE

15 JUL 10 AM 8:21
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

I. C. LIMITED COMPANY

2. The name and address of the registered agent and office is:

FRANK I. VISCONTI

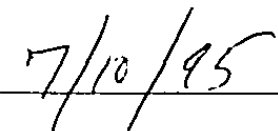
2894 REMINGTON GREEN LANE
SUITE B

TALLAHASSEE, FLORIDA 32308

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.



(Signature)




(Date)

FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

20 JUN 12 10:53

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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STATE
FLORIDA

FILING FEE \$ 238.75	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1 Name and Mailing Address of Limited Liability Company **DOCUMENT #L95000000529**

I. C. LIMITED COMPANY
2894-B-REMINGTON-GREEN-LANE
TALLAHASSEE FL 32308

1a. Principal Place of Business Address

2894-B-REMINGTON-GREEN-LANE
TALLAHASSEE FL 32308

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2 Principal Place of Business 2928 Wellington Circle S. Suite, Apt. #, etc. Suite 201 City & State	2a. Mailing Address 2928 Wellington Circle S. Suite, Apt. #, etc. Suite 201 City & State	3. Date Organized or Qualified 07/10/1995	3a. State of Formation FL
4. FET Number 59-3340470	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Date of Last Report
6. Certificate of Status Desired <input checked="" type="checkbox"/> Additional Fee Required			

7. Name and Address of Current Registered Agent

VISCONTI, FRANK L 2928 Wellington Cr. S.
2894-REMINGTON-GREEN-LANE
SUITE-B Suite 201
TALLAHASSEE FL 32308

8. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____ State **FL** Zip Code _____

9. Pursuant to the provisions of Sections 603.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (FOTR Registered Agent signature required when re-appointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	M.I.C. INC.,	10440 ARMAND LAVERGNE	MONTREAL NORD, QC H1H
MGRM	V.C. ROYALTY, INC.	2894-REMINGTON-GREEN-LANE 2928 Wellington Cr. S. Suite 201	TALLAHASSEE FL 32308 5000186200 -06/14/96--01037--012 ****179.06 ***179.06 5000186200 -06/14/96--01037--013 ****59.69 ***459.69

11 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment, with an address

SIGNATURE: _____ **4/25/96 904-668-2211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER'S MANAGING MEMBER OR MANAGER Date Daytime Phone #

AO