

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME _____

FIRM _____

ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Wilten Press, LC

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express <u>LC</u>		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s. _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone () _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () _____ pgs.		

SUBTOTALS _____

FEE.....

DISBURSED.....

SURCHARGE.....

TAX on corporate supplies.....

SUBTOTAL.....

PREPAID.....

BALANCE DUE.....

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

REQUEST TAKEN CONFIRMED APPROVED

DATE 1/2/97

TIME 3:00 CK No. _____

BY CD

WALK-IN
Will Pick Up _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:
WILEN PRESS, LC

FILED
97 JAN -2 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II

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

135 Oval Drive, Islandia, New York, 11722

ARTICLE III

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Richard Wilen	135 Oval Drive, Islandia, NY	11722
Darrin Wilen	135 Oval Drive, Islandia, NY	11722
Cory Wilen	135 Oval Drive, Islandia, NY	11722

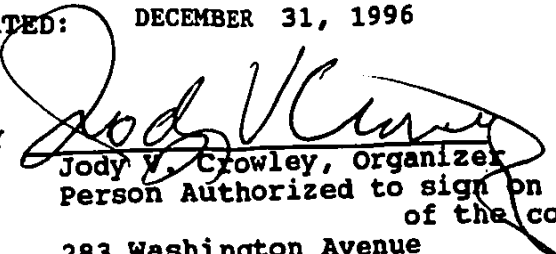
ARTICLE V

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 shall be:

Remaining member of the company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member of the limited liability company.

DATED: DECEMBER 31, 1996

BY


Jody V. Crowley, Organizer
Person Authorized to sign on behalf
of the company

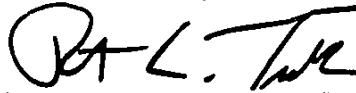
283 Washington Avenue
Albany, NY 12206

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

Wilén Press, LC

The undersigned member or authorized representative of a member of:
Wilén Press, LC deposes and says:

- 1) the above named limited liability company has at least two members;
- 2) the total amount of cash contributed by the members is \$10,000;
- 3) if any, the agreed value of the property other than cash contributed by member(s) is \$ 0. A description of the property is attached and made a part hereof;
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$10,000. 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.)

FILED
97 JAN -2 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE of DESIGNATION
OF REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the following is submitted, in compliance with said Act by the undersigned Limited Liability Company in designating the registered office/registered agent:

- 1) The name of the limited liability company is:

WILEN PRESS, LC

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

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
TALLAHASSEE, FL 32301

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 ADDRESS 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.

DATED: 1/2/97

Capital C. Huggins
(signature)