

FILING COVER SHEET
ACCT. #FCA-14

L020000004386

CONTACT: CINDY HICKS

DATE: 2-22-02

REF. #: 0150.5115

CORP. NAME: Vegaman LLC

- | | | |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

RECEIVED
TALLAHASSEE, FLORIDA
02 FEB 22 PM 3:24
STATE
OF
FLORIDA
DIVISION OF CORPORATIONS
AND
BUSINESS REGISTRATION

APPROVED
AND
FILED

STATE FEES PREPAID WITH CHECK# 501645 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

300004992103--1
-02/25/02--01001--004
****155.00 ****155.00

COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

JB
2-22-02

ARTICLES OF ORGANIZATION

FOR

VEGAMAN LLC

ARTICLE I - NAME

The name of the Limited Liability Company is VEGAMAN LLC.

ARTICLE II - ADDRESS

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

525 Navarre Avenue
Coral Gables, FL 33134

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE

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

193000054297
CORPDIRECT AGENTS
103 N. Meridian Street
Lower Level
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 FEB 22 PM 4:15

APPROVED
AND
FILED

Having been named as registered agent and to accept service of process for the above state 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.

By: Pam Wolfe
CORPDIRECT AGENTS
It's Agent, Pam Wolfe

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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

By: Pam Wolfe
CORPDIRECT AGENTS, Pam Wolfe
Authorized representative of a member

APPROVED
AND
FILED
02 FEB 22 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA