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(Re	equestor's Name)			
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PICK-UP	WAIT MAIL			
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer			
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ECRETARY OF STATE

ACCESS,  INC.  236 East 6th Avenue . Tallahassee, Florida 32303  P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666				
WALK IN				
	PICK UP: 9/10/07 Hinder			
	CERTIFIED COPY			
	PHOTOCOPY 2			
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	FILING LLC			
	1841 FORT PIERCE, 2LC PREPORATE NAME AND DOCUMENT #)			
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	DRPORATE NAME AND DOCUMENT #)			

ARTICLES OF ORGANIZATION FOR FLO	RIDA LIMITED LIABILITY COMPANY
ARTICLE 1 – Name:	ALCONOR M. C. S.
The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "Lin	PIERCE, LLC %%
ARTICLE II - Address:	
The mailing address and street address of the princ	cipal office of the Limited Liability Company is:
Principal Office Address:	Muiling Address:
7156 Santa Monica Boulevard	7156 Santa Monica Boulevard
Hollywood, California 90046	Hollywood, California 90046
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registered entity with an active Florida registration.)  The name and the Florida street address of the registered.	d Agent. You must designate an individual or another business istered agent are:
Paracorp Inco	
236 East 6th Florida street address (P.0	
	: FL 32303
City, State	, and Zip

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 as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

Ninh Ho, Asst. Secretary

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Vincent Jung 7156 Santa Monica Blvd. West Hollywood, CA 90046	
(Use attachment if necessary)		
ARTICLE V: Effective date, if (If an effective date is used, the date or 90 days after the date of filing	other than the date of filing:  ate must be specific and cannot be more than five bu-  ig.)	(OPTIONAL) siness days prio
REQUIRED SIGNATURE:		
Mu	shall Attomier	
Signature of a	member or an authorized representative of a member.	
this document of	with section 608.408(3), Florida Statutes, the execution of oustitutes an affirmation under the penalties of perjury that herein are true.)	
	Michael G. Homeier Typed or printed name of signee	

Filing Fees:

\$125.00 filing Fee for Articles of Organization and Designation
Of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)