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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : PAUL SALVER, P.A.
Account Number : I20020000087
Phone : (954) 389-1333
Fax Number : (954) 389-1397

LIMITED LIABILITY COMPANY

Ball & Tedeschi, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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DIVISION OF CORPORATIONS

03 SEP 11 PM 9:07



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 11, 2003

PAUL SALVER, P.A.

SUBJECT: BALL & TEDESCHI, LLC
REF: W03000026026

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Division of Corporations - P.O. BOX 6827 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bail & Tedeschi, LLC

ARTICLE II - Address:

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

Principal Office Address:

876 Savannah Falls Dr.
Weston, FL 33327-1715

Mailing Address:

876 Savannah Falls Dr.
Weston, FL 33327-1715

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

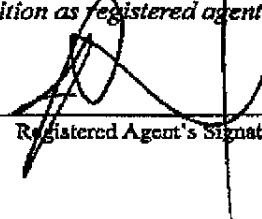
The name and the Florida street address of the registered agent are:

Paul Salver, PA
Name

2721 Executive Park Dr. #3
Florida street address (P.O. Box **NOT** acceptable)

Weston, FL 33331
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

(CONTINUED)

SEP 11 AM 9:07

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR.

Javier Ball
876 Savannah Falls Dr.
Weston, FL 33327

MGR

Patricia Tedeschi
876 Savannah Falls Dr.
Weston, FL 33327

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Javier Ball
Signature of a member or an authorized representative of a member.

(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 stated herein are true.)

Javier Ball
Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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