2655 LEJEUNE ROAD, SUITE 804 CORAL GABLES, FLORIDA 33134 TELEPHONE (305) 442-9535

E-MAIL DPRYNO@AOL.COM

FACSIMILE (305) 442-8106

February 10, 2000

000003135490--5 -02/15/00--01056--009 ****285,00 ****125,00

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: STRUCTURED WEB DESIGNS, L.L.C.

Dear Sir or Madam:

Enclosed please find an original and one copy of the Articles of Organization for Florida Limited Liability Company for the above-referenced proposed Corporation. Also enclosed is a check in the amount of \$285.00 to cover filing fees.

Very truly yours,

David P. Ryan

SECRETARY OF STATE PALLAHASSEE, FLORIDA

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LAW OFFICES T

DAVID P. RYAN

2655 LEJEUNE ROAD, SUITE 804 CORAL GABLES, FLORIDA 33134 TELEPHONE (305) 442-9535

E-MAIL DPRYNO@AOL.COM

FACSIMILE (305) 442-8106

February 23, 2000

Diane Cushing Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Re: STRUCTURED WEB DESIGNS, L.L.C. A-DALA MANAGEMENT, L.L.C.

Dear Diane:

As per our conversation, enclosed please find an original and one copy of the Articles of Organization for Florida Limited Liability Company for the above-referenced proposed Corporations.

Please fax me the letter of approval as soon as possible at 305-442-8106.

Very truly yours,

Karén E. Rámsey

DPR/ker Enclosures

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ART		. E. I.	- N2	me:

The name of the Limited Liability Company is:

STRUCTURED WEB DESIGNS, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
7160 S.W. 62ND Avenue
Miami, Florida 33143

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

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

David P. Ryan, Esq.
Name
2655 LeJeune Road, Suite 804
Florida street address (P.O. Box NOT acceptable)
Goral Gables, FL 33134
Goral Gables, FL 32134 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 negative 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

Article IV - Management (Check box if applicable.)

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

An additi	onal article must be added if an effective date is requested)
Signatu (In acco	re of a member or an authorized representative of a member. Andance with section 608.408(3), Florida Statutes, the execution ocument constitutes an affirmation under the penalties of perjury facts stated herein are true.)
	Jason T. Marucci Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED