135 East Lemon Street Address Tayon Spungs H 34689 City/State/Zip Phone # 737-94	6000032154365 -04/19/0001088037 ****125.00 ****125.00 Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):
1. UCANWATCH COM (Corporation Name) 2. CO SINGERPORATION NAME) 3. U GOOD NAME 3. U GOOD NAME 4. O CORPORATION NAME) 4. CO SINGERPORATION NAME (Corporation Name)	(Document #) (Document #) (Document #) (Document #)
Walk in Pick up time Mail out Will wait	Photocopy
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF ORGANIZATION OF UCANWATCH.COM, L.L.C.

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act") for the purposes of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1.) **NAME:**

The name of the Limited Liability Company is UCANWATCH.COM, The co

2.) **PERIOD OF DURATION:**

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3.) PURPOSE:

The purposes for which the Company is organized is to engage in Internet commerce, and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4.) ADDRESS OF PRINCIPAL PLACE OF BUSINESS:

The mailing address and the street address of the principal place of business in Florida for the Company is: 3606 US Highway 19 North, New Port Richey, Florida 34652. Such address may be changed from time to time as provided in the Operating Agreement.

5.) **REGISTERED AGENT:**

The initial registered agent in Florida for the Company is Lawrence D. Crow, and the initial registered agent office of the Company is located at 135 East Lemon Street, Tarpon Springs, Florida 34689.

6.) <u>INITIAL CAPITAL CONTRIBUTIONS:</u>

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company, if any, is as follows: One Hundred Fifty Thousand Books (\$150,000.00).

7.) <u>ADDITIONAL CONTRIBUTIONS:</u>

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization.

Additional contributions, if any, will be made as provided in the Operating Agreement.

8.) MEMBERS; ADMISSION OF NEW MEMBERS:

The Company shall have at least three (3) members (the "Members"). New Members may be admitted in the manner provided in the Operating Agreement.

9.) <u>CONTINUITY OF BUSINESS:</u>

Upon 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 Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

The Company shall be managed by not less than three (3) Managers, and is therefore a manager-managed company. In the event of the death of a Manager, the remaining Manager(s) shall serve until the next meeting of the members and until a successor for the deceased Manager is elected and qualified. The names and addresses of the persons who are to serve as the Managers of the Company until the first annual meeting of Members or until their successors are duly elected and qualifies are as follows:

Brian S. Schriver

3606 US Highway 19 North, New Port Richey, FL 34652

Michael W. Schriver

3606 US Highway 19 North, New Port Richey, FL 34652

Michael W. Schriver, II

3606 US Highway 19 North, New Port Richey, FL 34652

11.) **INDEMNIFICATION:**

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Manager of former Manager to the full extent permitted under the Honda D Limited Liability Company Act.

12.) **EFFECTIVE TIME:**

These Articles shall be effective when filed with the Florida Department State

Executed at NEW PORT RIGHTY Florida, on this // day of April, 2000.

Brian S. Schriver

Acting Manager

Michael W. Schriver, II

Acting Manager

Michael W. Schriver, Acting Manager

STATE OF FLORIDA COUNTY OF PAs < 0

Sworn to and subscribed by me this ______ day of April, 2000 by BRIAN S.

SCHRIVER, MICHAEL W. SCHRIVER, and MICHAEL W. SCHRIVER, II who are personally known to me or have produced _______ Personally Known to me. _____ as identification.

Notary Public State of Florida

A

LISA M. SELTMAN MY COMMISSION # CC 778811 EXPIRES: 09/28/2002

1-800-3-NOTARY Fla Notary Services & Bonding Co.

OO APR 19 PM 4: 58
SECRETARY OF STATE

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.) 2.)		Iny is UCANWATCH.COM, L.L.C.
Lawrence D. C 135 East Lemo Tarpon Spring	on Street	ARY OF STATE
		Brian S. Schriver Acting Manager
		Mill
		Michael W. Schriver Acting Manager
		Michael W. Schriver, II Acting Manager
		Date: 4-11-00

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.

By: Lawrence D. Crow

Date: