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April 4, 2000

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

800003198078---4 -04/06/00--01049--008 ****125.00 ****125.00

Dear Sirs:

Please find enclosed our application for limited liability company. We are enclosing the articles of organization along with the designation of the registered agent. A check is enclosed for \$125 - \$100 for filing fee for articles and \$25 for the designation of registered agent. If you require any further information, please don't hesitate to let us know.

The following are the names and addresses of all parties involved:

Mike and Tracy Ricklick 10251 Bonito Road Miami, FL 33157 305-232-9309

Vince and MaryEllen Spencer 8961 S.W. 192 Drive Miami, FL 33157 305-232-2051

Cordially,

Tracy Ricklick Registered agent

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Name Availabilit y	
Document Examiner_ *	DCC
Updater	DCC
Updater Verifyer	DCC
Acknowledgemen t	DCC
W. P. Verifyer	DCC

SECRETARY OF STATE SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 11, 2000

TRACY RICKLICK 10251 BONITO ROAD MIAMI, FL 33157

SUBJECT: CAPEN GALLERY, LC Ref. Number: W00000009595

We have received your document for CAPEN GALLERY, LC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 200A00019819

LES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Capen Gallery, LC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 22400 Old Dixie Highway Miami, FL 33170
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) Mami FL FL 33157 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 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 additional article must be added if an effective date is requested) 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.) Typed or printed name of signee

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)