ATTORNETS TILE Requestor's Name

660 E. Jefferson St. Address Tallahassee, FL 32301 850-222-2785 City/SvZip Phone # CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1- LISSHAWN, LLC 2- 3- 4- X Walk-in Pick-up time ASAP Certified Copy Mail-out Will wait Photocopy Certificate of Status Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Dissolution/Withdrawal Merger	ATTURNETS TITLE	
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ARTICLES OF ORGANIZATION OF LISSHAWN, LLC

1. NAME:

The name of the limited liability company is LISSHAWN, LLC

2. PERIOD OF DURATION:

The period of its duration Shall be perpetual.

3. PRINCIPAL PLACE OF BUSINESS:

The street and mailing address of the company's place of business is:

c/o Frank Scarduzio 1160 Northeast 24th Court Ft Lauderdale, FL 33305

4. REGISTERED AGENT AND REGISTERED OFFICE:

The name of the agent and address of the registered office is:

Frank Scarduzio 1160 Northeast 24th Court Ft Lauderdale, FL 33305

5. RIGHT TO ADMIT ADDITIONAL MEMBERS:

Members are given the right to admit new members, upon a seventy-five (75%) percent vote of the existing members and approval of the Manager.

6. RIGHT TO CONTINUE LIMITED LIABILITY COMPANY:

This Limited Liability Company shall not be dissolved in the event of the death, withdrawal, resignation, expulsion, bankruptcy or dissolution of a member, or occurrence of any other event that terminates the continued membership of a member and shall continue its existence as a limited liability company.

7. MANAGEMENT:

FRANK SCARDUZIO 1160 Northeast 24th Court Ft Lauderdale, FL 33305



8: THE ORGANIZERS ARE:

Name and address of organizer:

FRANK SCARDUZIO. JR. 1160 Northeast 24th Court Ft Lauderdale, FL 33305

The undersigned organizer has executed these Articles of Organization this day of the 2000.

FRANK SCARDUZIO, BE

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

I hereby accept my appointment as registered agent for LISSHAWN, LLC. As registered agent I am familiar with, and accept, the obligations of this position.

DATE: 6/22/CO

FRANK SCARDUZIO, Registered Ag

STATE OF FLORIDA

SS:

COUNTY OF BROWARD)

Before me, the undersigned Notary, on this day personally appeared FRANK SCARDUZIO, JR., whose name is subscribed to the foregoing instrument, and acknowledged to me that she executed the same for the purposes and consideration therein expressed, and in the capacities stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE on this

us Cay of

2000.

IOTARY PUBLIC

My Commission Expires:



Diana C. Ross
MY COMMISSION # CC652857 EXPIRES
September 28, 2001
BONDED THRU TROY FAIN INSURANCE, INC.