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CAMNER, LIPSITZ & POLLER, P. A.

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Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : CAMNER, LIPSITZ AND POLLER, PROFESSIONAL ASSOCIATION

Account Number : 075410001634

Phone : (305) 442-4994

Fax Number : (305) 442-2389

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LIMITED LIABILITY COMPANY

ScanMan, L.L.C.

Certificate of Status	1
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ARTICLES OF ORGANIZATION
OF
SCANMAN, L.L.C.

The undersigned two or more persons hereby form a limited liability company under the Florida Limited Liability Company Act and adopt as the Articles of Organization of such limited liability company the following:

I. The name of the limited liability company:
SCANMAN, L.L.C.
(the "Company")

II. The period of its duration shall be perpetual.

III. The purpose for which the limited liability company is organized:

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

IV. The mailing address of the principal office address in Florida:

c/o 2625 Executive Park Drive - Suite 1
Weston, Florida 33331

This Instrument was prepared by:
Marc Lipsitz, Esquire
Florida Bar No. 104960
Camner, Lipsitz and Poller, P.A.
550 Biltmore Way, Suite 700
Coral Gables, Florida 33134
(305) 442-4994

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V. The name and address of the registered agent in Florida:

Marc Lipsitz, Esquire
Camner, Lipsitz and Poller, P.A.
550 Biltmore Way, Suite 700
Coral Gables, Florida 33134

VI. The total amount of cash and a description and agreed value of property other than cash contributed and percentage of interest of each Member:

Dear Path Leasing, Inc.	\$60.00	60%
Carole Rogers	\$40.00	40%

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VII. The total additional contributions, if any, agreed to be made by all Members and the times at which or events upon the happening of which they shall be made:

Additional contributions shall be made at such times and in such amounts as may be unanimously agreed by the Members as provided in the Operating Agreement of the Company.

VIII. The right, if given, of the Members to admit additional Members, and the terms and conditions of the admission:

Additional Members may be admitted at such times and on such terms and conditions as all Members may unanimously agree and as provided in the Operating Agreement of the Company.

IX. The right, if given, of the remaining Members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or

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dissolution of a Member or occurrence of any other event which terminates the continued membership of a Member in the limited liability company:

The Company shall continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or occurrence of any other event which terminates the continued membership of a Member in the Company.

X. Management:

Management of the Company is reserved to the Members. The names and addresses of the Members are:

Dear Path Leasing, Inc.
c/o 1117 East Hallandale Beach Boulevard - Suite 6
Hallandale, Florida 33009

Carole Rogers
c/o 1117 East Hallandale Beach Boulevard - Suite 6
Hallandale, Florida 33009

Dated: July 25, 2000

The undersigned, the authorized representative of Carole Rogers, a member of the Company, for the purpose of forming a liability company to do business within the State of Florida, does make and file these Articles of Organization, hereby declaring and certifying that the facts stated above are true and correct.


Marc Lipsitz

The undersigned hereby accepts the foregoing designation as initial Registered Agent, is familiar with, accepts and agrees to comply with the provision of law applicable to such designation.


Marc Lipsitz

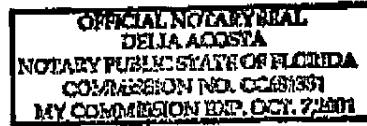
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STATE OF FLORIDA
COUNTY OF Dade

The foregoing instrument was acknowledged before me this 25th day of July, 2000, by Marc Lipsitz. He is personally known to me or has produced a N/A as identification.

My Commission Expires:

Print Name: *Delia Acosta*Title: DELIA ACOSTASECRETARY OF STATE
TALLAHASSEE, FLORIDA

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