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LAW OFFICE OF MICHAEL W. YOUKON

1853 EVERGREEN DRIVE EDGEWATER, FLORIDA 32141-3572 TELEPHONE (904) 409-7442 FAX (904) 409-7442

New York office: 259 West 30th St., 12th Fl. New York, New York 10001 (212) 650-1186

August 5, 2000

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

200003349612--5 -08/08/00--01017--004 ****130.00 ****130.00

Re:

Florida Showcase LLC

Dear Sir or Madam:

Enclosed are ARTICLES OF ORGANIZATION for Florida Showcase LLC and a check for \$130.00 for the filing fee, Designation of Registered Agent and a certificate of status for the captioned corporation.

Please send the certificate of status as soon as possible.

Thank you for your courtesy and cooperation in this matter. If you have any questions or comments or require any additional information, please do not hesitate to contact me.

Very truly yours,

Michaei W. Youkon

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ARTICLES OF ORGANIZATION OF FLORIDA SHOWCASE LLC

ARTICLE 1 NAME

The name of the Limited Liability Company is:

Florida Showcase LLC

ARTICLE 2 ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

PO Box 1356

Ormond Beach, FL 32175

Street Address:

169 Deer Lake Circle Ormond Beach, FL 32174

ARTICLE 3 REGISTERED AGENT REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Michael W. Youkon, Esq. 1853 Evergreen Dr. Edgewater, FL 32141

Having been named as registered agent and to accept service of process for the above stated limited limitity 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 proyided for in Chapter 608, F.S.

Register Agent's Signature

ARTICLE 4 MANAGEMENT

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

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.

<u>James Bridges</u>
Typed or Printed name of signee