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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 : TUCKER & TIGHE, P.A.
Account Number : 119990000051
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LIMITED LIABILITY COMPANY

Welcass, L.L.C.

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ARTICLES OF ORGANIZATION

WELCASS, L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company
shall be WELCASS, L.L.C.

ARTICLE II - Address:

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

190 W. Glades Road, Suite C, Boca Raton,
FL 33432

ARTICLE III - Registered Agent:

The name and street address of the

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Limited Liability Company's initial
Registered Agent for service of process in
this State is as follows: JACK LUPO, 190 W.
Glades Road, Suite C, Boca Raton, FL 33432.

ARTICLE IV - Management:

The Limited Liability Company will be a
manager-managed company and the name and
address of the initial manager is:

JACK LUPO
190 W. Glades Road, Suite C
Boca Raton, FL 33432

The manager may be changed, or additional
managing members may be added, as provided by
the Operating Agreement.

ARTICLE V - Members:

The rights, obligations, and other

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matters regarding the members shall be set forth in the Operating Agreement to be signed by the Manager and the initial Members.

ARTICLE VI - Transfer of Interests:

A Member may not assign or transfer his or her interest in the Company except as may be permitted by the Operating Agreement.

ARTICLE V - Members Rights to Continue

Business:

The remaining members of the limited liability company will have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the

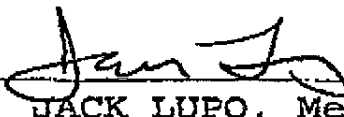
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occurrence of any other event which terminates the continued membership of a member in the limited liability company, subject to such provisions governing such event as may be set forth in the Operating Agreement.

BY:



JACK LUPO, 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.)

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415
or 608.507, FLORIDA STATUTES, THE UNDERSIGNED
LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED
OFFICE AND REGISTERED AGENT IN THE STATE OF
FLORIDA.

1. The name of the limited liability
company is:
WELCASS, L.L.C.

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

JACK LUPO
190 W. Glades Road, Suite C
Boca Raton, FL 33432

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

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with and accept the obligations of my
position as registered agent as provided for
in Chapter 608, F. S.



JACK LUPU

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