LO1000001555

January 12, 2001

AVALON MEDIATION SERVICES LLC 21310 HARROW COURT BOCA RATON, FLORIDA 33433

TEL: 561 558-9488

FAX: 561-558-9487

Mud

WOI -1343

00789-00623-00671

900003539159--5 -01/16/01--01155--011 *****160.00 ****160.00

Please find enclosed my check for \$160. For;

filing fee registered agent certified copy certificate of status

Thank you

Lawrence Feidelman

01 JAN 30 AM 10: 39





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 18, 2001

LAWRENCE FIEDELMAN AVALON MEDIATION SERVICES LLC 21310 HARROW COURT BOCA RATON, FL 33433

SUBJECT: AVALON MEDIATION SERVICES LLC

Ref. Number: W01000001343

We have received your document for AVALON MEDIATION SERVICES LLC and your check(s) totaling \$160.00. 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) 487-6967.

Letter Number: 501A00002811

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	ν · · · · · · · · · · · · · · · · · · ·		
The name of the Limited	Liability Company is: MEDIATION SERVICES LLC		
HVALON	(IEVIA) IVA SERVICIOS		
ARTICLE II - Address:			
	street address of the principal office of the Limited Liability Co	mpan	y is:
-	ZROW COURT		
BOOK KATO	N, FLORINA 33433		
ARTICLE III - Register	ed Agent, Registered Office, & Registered Agent's Signatur	re:	
The name and the Florida	street address of the registered agent are:		
	LAWRENCE FEIDEL MAN		
	LAWRENCE FEIDEL MAN Name 21310 HARRON COURT		-
	Florida street address (P.O. Box <u>NOT</u> acceptable) Boch 12ATCM FL 33H33		
	City, State, and Zip		
relating to the proper and	this capacity. I further agree to comply with the provisions of all st complete performance of my duties, and I am familiar with and ac as registered agent as provided for in Chapter 608, F.S		
	Registered Agent's Signature		
	Avegasiered Figure 5 Digitation		
	nt (Check box if applicable.) y Company is to be managed by one manager or more manager anaged company.	rs and	is,
(An addi	tional article must be added if an effective date is requested)	01 JAN	NOISMIC BACKS
Signature of a member or an authorized representative of a member.		JAN 30	
of this	coordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury he facts stated herein are true.)) AM 10: 39	RY OF STA
	Laurence Ferdelman	39	OLL VALE
	Typed or printed name of signee		SH

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

YES\$ 30.00 Certified Copy (Optional)

YES\$ 5.00 Certificate of Status (Optional)