

L01000002523

1106 Skylark Drive
Weston, Florida 3327

00789-00623-00671

January 26, 2001

MJH

W01-2433

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314
(850) 487-6051

500003601195--0
-01/30/01--01047--001
****125.00 ****125.00

Dear Sir or Madam:

Enclosed are the Articles of Organization for Florida Limited Liability Company with a check in the amount of 125.00 dollars. My name and address is as follows:

Patricia M. Tucciarone

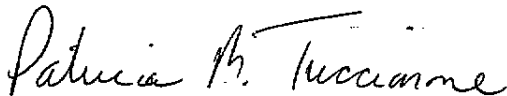
1106 Skylark Drive

Weston, Florida 33327

(954) 349-8460

(954) 349-7314

Sincerely,



Patricia M. Tucciarone

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB 14 PM 2:22



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 1, 2001

PATRICIA M. TUCCIARONE
1106 SKYLARK DRIVE
WESTON, FL 33327

SUBJECT: PMT PATTERNS LLC
Ref. Number: W01000002433

We have received your document for PMT PATTERNS LLC and your check(s) totaling \$125.00. 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.

Michelle Hodges
Document Specialist

Letter Number: 601A00006161

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: PMT Patterns LLC

ARTICLE II - Address:

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

1106 Skylark Drive
Weston, Florida 33327

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Patricia M. TUCCINONE
Name
1106 Skylark drive
Florida street address (P.O. Box **NOT** acceptable)
Weston FL 33327
City, State, and Zip

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

Patricia M. Tuccinone
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

Patricia M. Tuccinone
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.)

Patricia M. Tuccinone
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB 14 PM 2:22