000005941

THE UNITED STATES CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION :

.COST LIMIT : \$ 125.00

ORDER DATE : April 9, 2001

ORDER TIME : 2:05 PM

ORDER NO. : 110082-001

CUSTOMER NO: 7266498

700004014287--2

CUSTOMER: Mr. Luis E. Sosa-7266498

Mr. Luis E. Sosa

8345 Nw 66 St. 1767

Miami, FL 33166

DOMESTIC FILING

NAME: BLU PRODUCTS LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Denise Mick - EXT. 1150

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLU PRODUCTS LLC

ARTICLE II - Address:

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

8345 Northwest 66 Street 1767, Miami, Florida 33166

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

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

Corporation Service Company	n					
Name						
1201 Hays Street	i.					
Florida street address (P.O. Box NOT acceptable)						
Florida street address (P.O. Box NOT acceptable)						
Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32301						

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..

Corporation Service_Company 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.

SEE ATTACHED RIDER

(An additional article must be added if an effective date is requested
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.)
LAURA R. DUNLAP
Typed or printed name of signee
THE TALE THEFTO .

- \$ 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)

RIDER -

BLU PRODUCTS_LLC

MANAGERS

Luis Sosa Manager		-		_8345 Northwest _Miami, Florida		1767,
Leopoldo Bapti Manager	lsta 			- 8345 Northwest - Miami	6.6 Street	1767,

/dck

OI APR 17 AM 8: 18

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of BLU PRODUCTS LLC, a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this

day of

Signature

luis F. SOS-A

Print Name of Signer

WITNESS:

Signature

Michelle Horvilleur

Print Name of Witness

WITNESS:

Signature

MARIA E. MICHELENA

Print Name of Witness

SECRETARY OF STATE FALLAHASSEE, FLORIDA

AM 8: 18