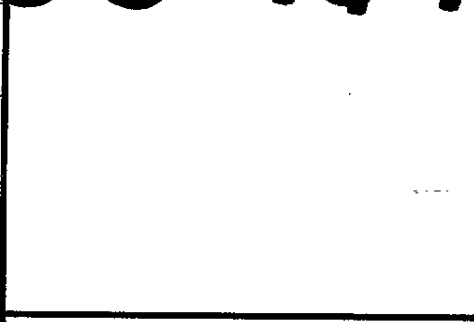


Pia **LO1000007647**

Requester's Name
4146 42nd St. South
Address
St. Petersburg, Fl. 33711
City/State/Zip Phone #



Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____ (Corporation Name) _____ (Document #)
- 2. _____ (Corporation Name) _____ (Document #) **500004211595--1**
-05/11/01--01069--003
****160.00 ****160.00
- 3. _____ (Corporation Name) _____ (Document #)
- 4. _____ (Corporation Name) _____ (Document #)

SECRETARY OF STATE
01 MAY 11 PM 3:55
FILED

- Walk in Pick up time Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

LO1-7647
OR

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

5-701

Enclosed please find 2 checks for two
(2) different LLC's. Please contact
me at 727-747-6938 if you have
any questions. Checks are for filing fee,
Designation of Reg. Agent, Certified Copy & Cert. of Status.

Thank you.
Beth E. Grayzel
4146 42nd Ave. So.
ST. Petersburg, FL

33711
FILED
MAY 11 PM 3:53
CLERK OF DISTRICT COURT
ST. PETERSBURG, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: OPTIMUM Management Search LLC

ARTICLE II - Address: 4146 42nd Avenue South ST. Petersburg, FL 33711

The mailing address and street address of the principal office of the Limited Liability Company is:
4146 42nd Avenue South ST. Petersburg, FL 33711

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

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

Beth ANN PIAZZA
Name Avenue
4146 42nd Street South
Florida street address (P.O. Box NOT acceptable)
ST. Petersburg FL
City, State, and Zip 33711

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..

Beth A. Piazza
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)

Matthew R. Piazza
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.)

MATTHEW R. PIAZZA
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
MAY 11 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA