L01000008012

JK HARRIS & COMPANY

BRUNSWICK SERVICE CENTER

P.O. BOX 1936 ***PHONE 888-610-8293***

BRUNSWICK, GA. 31521 ***FAX 912-264-9976***

RS & STATE PROBLEM RESOLUTION - VETERAN IRS AGENTS & TAX PROFESSIONALS - WORLD WIDE WEB www.jkharris.com

FILED
01 MAY 16 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 14, 2001

Honorable Sandy B. Mortham
Secretary of State
Capitol Plaza Level, Room 2
Tallahassee, FL 32399

600004242986--4
-05/17/01--01077--005
****125.00 ****125.00

RE: ACKERMAN ASSOCIATES, LLC

Dear Honorable Sandy Mortham:

Enclosed for filing, please find an original and one (1) copy of the Articles of Organization, and Certificate of Designation of Registered Agent/Registration Office, in reference to the above-captioned matter. Also enclosed, is a check in the amount of $125.00 to cover the filing fees of the Articles.

Please return the stamped copy back to me in the envelope provided.

If you have any questions, at (912) 264-2216 Ext. 201.

Thank you,
Sandra Anderson
Administrative Assistant

L01-8012

FF $125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1-NAME
The name of the Limited Liability Company is:

ACKERMAN ASSOCIATES, LLC

ARTICLE 11-ADDRESS **(MAILING AND STREET ADDRESS)**

398 SW 8TH STREET #6
BOCA RATON, FL 33432

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ARTICLES 111-REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENTS
The name and the Florida street address of the registered agent are:

ROBERT J. ACKERMAN
398 SW 8TH STREET #6
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 with and accept the obligations of my position as registered agent as provided for in Chapter 608. F.S.

Robert J. Ackerman
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)

Robert J. Ackerman
Signature of a member or an authorized representative of a member

(In accordance with section 708,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROBERT J. ACKERMAN
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608, 415 OR 608,507 FLORIDA STATUES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA

1 The name of the limited liability company is:

ACKERMAN ASSOCIATES, LLC

2 The name and address of the registered agent and office is:

ROBERT J. ACKERMAN
Name

398 SW 8TH STREET #6
P.O. Box or Mail Drop NOT Acceptable

BOCA RATON, FL 33432
City/State/Zip

Having been named as registered agent and to accept service or 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.

Robert J. Ackerman
Signature

5/2/01
Date

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TALLAHASSEE, FLORIDA