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STEVEN A. SCIARRETTA, P.A.

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Asset Protection
Business and Taxation Planning
Probate Administration
Trusts and Estate Planning

NEXT DAY UPS

June 13, 2001

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

500004421215--2
-06/14/01--01127--001
***320.00 ***160.00

Re: INTERFACE DEVELOPMENT, LLC
INTERFACE FLL, LLC

Dear Sir or Madam:

Enclosed you will find for filing original and duplicate copies of the various documents necessary to commence each of the above referenced entities.

Also enclosed you will find my check in the amount of \$320.00 which represents filing fees, designation of registered agent fees, certified copy fees and fees to request letters of good standing for each of the above referenced companies.

Also enclosed you will find a return next day UPS envelope, for your convenience in returning all documents to us.

Also, I am enclosing herein an original letter signed by the independent manager of
INTERFACE DEVELOPMENT, LLC, wherein they grant on to INTERFACE FLL, LLC, no
Name consent to utilize a similarly named entity.

Document If we can be of any further assistance to you as regards to this matter please do not
hesitate to contact us.

Sincerely,

STEVEN A. SCIARRETTA, P.A.

No Acknowledgment DEC

M. P. Verify Steven A. Sciarretta
SAS/slb DEC

enclosure

01 JUN 14 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

FOR

INTERFACE FLL, LLC

ARTICLE I

NAME

The name of the limited liability company ("Company") is Interface FLL, LLC

ARTICLE II

ADDRESS

The mailing and street address of the Company's principal office is 1200 North Federal Highway, Suite 200, Boca Raton, Florida 33432.

ARTICLE III

DURATION

The period of duration for the Company is thirty (30) years or until dissolved pursuant to the Company's regulations; beginning on the date these Articles of Organization are filed by the Florida Department of State.

ARTICLE IV

REGISTERED AGENT AND OFFICE

The name of Company's initial registered agent in Florida is Charlene Goodman. The address of the Company's registered office in Florida is 1200 North Federal Highway, Suite 200, Boca Raton, Florida 33432.

THIS INSTRUMENT PREPARED BY:

Steven A. Sciarretta, Esq. FBN 542695

Steven A. Sciarretta, P.A.

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Boca Raton, FL 33431

Tel (561) 368-7978

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ARTICLE V

MANAGEMENT

The Company is to be managed by a member manager who is identified as follows:

Charlene Goodman, an individual whose street address is 1200 North Federal Highway, Suite 200, Boca Raton, Florida 33432.

ARTICLE VI

ADMISSION OF NEW MEMBERS

Members of the Company have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of contributions by new members at the time the new members are admitted.

ARTICLE VII

CONTINUATION OF BUSINESS

The remaining members of the company may not continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company unless there is unanimous written consent by the remaining members to do so.

ARTICLE VIII

ADDITIONAL PROVISIONS

The power to adopt, alter, amend, or repeal the regulations of the Company is vested entirely in the managers listed in Article V herein as amended from time to time either in this Articles of Organization, the Regulations or Members Agreement only by unanimous written consent.

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TALLAHASSEE, FLORIDA

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IN WITNESS WHEREOF, I have executed these Articles of
Organization on this 7 day of June, 2001.

By:


CHARLENE GOODMAN
Member/Manager

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TALLAHASSEE, FLORIDA

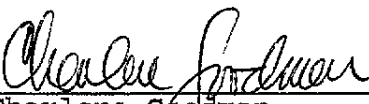
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

The name of the limited liability company is Interface
FLL, LLC

The name and address of the registered agent and office is:
Charlene Goodman, 1200 North Federal Highway, Suite 200, Boca
Raton, Florida 33432.

Having been named as registered agent and to accept service of
process for the above-named 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.

Dated: June 7, 2001.


Charlene Goodman
1200 North Federal Highway
Suite 200
Boca Raton, Florida 33432

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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