LOWOUNSI

00784-02595-001071

HLH

June 10, 2001

Division of Corporations Post Office Box 6327 Tallahassee, Fl, 32314

1/14

Enclosed please find the Articles if Organization form in the name of Cash Back Systems and our check in the amount of One Hundred Fifty Five Dollars. The mailing address as requested is:

Don M. Penning 356 Dolphin Dr. N. Oldsmar, Fl, 34677 Phone- (727)786 9173

The manager members are shown in Article IV

Thanks for your assistance.

Very truly yours,

Don M. Penning

C/c George Pang

M01 - 14313

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SECRETARY OF STATE
LLAHASSEF OF STATE



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 21, 2001

DON M. PENNING 356 DOLPHIN DR. N. OLDSMAR, FL 34677

SUBJECT: CASH BACK SYSTEMS Ref. Number: W01000014313

We have received your document for CASH BACK SYSTEMS and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

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) 487-6051.

Michelle Hodges Document Specialist

Letter Number: 901A00037719

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CASH BACK SYSTEMS LIMITED COMPANY

ARTICLE II - Address:

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

356 DOLPHINDR. N. OLDSMAR FL, 34677

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

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

Name
356 DOLPHIL DE. N. OLDSHAR FL
Florida street address (P.O. Box NOT acceptable)
OLDS LIAR FL
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..

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.

MEMBER MEMBER**

ECRET PANA **

ECRET

(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.)

DOW M. FUNING

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) I JUL 16 PM 4:58
ECRETARY OF STATE
LAHASSEE, FLORIDA