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Reynolds & Associates, P.A.

Certified Public Accountants — Nancy K. Reynolds, CPA

7/10

July 10, 2001

MJH

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

300004477583--8
-07/16/01--01092--003
****160.00 ****160.00

Dear Sir,

Enclosed please find Articles of Organization for John J. Zack LLC and check for the filing fees, optional certificate and copy in the amount of $160.00.

Name: Thomas J. Haas
Reynolds & Associates CPAs P.A.
4501 N. Tamiami Trail, Suite 212
Naples, FL 34103

Telephone: (941) 435-1050

FILED
01 JUL 16 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4501 No. Tamiami Trail, Suite 212 • Naples, Florida 34103 • (941) 435-1050 • Fax (941) 435-3505 • E-mail: cpa@peganet.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: John J. Zack LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

557 Devils Lane
Naples, FL 34103

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

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

John J. Zack
Name

557 Devils Lane
Florida street address (P.O. Box **NOT** acceptable)

Naples FL 34103
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.)
[X] 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)

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.)

John J. Zack
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)