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ACCOUNT NO.: 072100000032

REFERENCE: 490662 7292783

AUTHORIZATION:

COST LIMIT :

ORDER DATE: November 19, 2001

ORDER TIME : 3:57 PM

ORDER NO. : 490662-001

CUSTOMER NO: 7292783

CUSTOMER: Mr. Neil W. Smith

Mr. Neil W. Smith

1980 North Atlantic Avenue'

Suite 511

Cocoa Beach, FL 32931

DOMESTIC FILING

NAME: OUTER LIMITS DIRECT, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

.70000469191.7--4,

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OUTER LIMITS DIRECT, LLC

ARTICLE II - Address:

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

1980 North Atlantic Avenue, Suite 511, Cocoa Beach, Florida 32931

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

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

Corporation Service Company				
Name				
1201 Hays Street				
Florida street address (P.O. Box NOT acceptable)				
Tallahassee FL 32301				
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.

Corporation Service Company

By: Llorah Al Shipper

Registered Agent's Signature

Article IV -	Management	(Check box	if applicable.)
	* 1 * * * * * * * *		Philomole.)

that the facts stated herein are true.)

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

Deborah D. Skipper
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)

APPRUYELL
AND
FILED

MANAGING MEMBERS OF: OUTER LIMITS DIRECT, LLC

Neil W. Smith 921 Lydia Circle

Managing Member Indian Harbour Beach, Florida 32937

Thomas Martin 860 Spring Oak Drive

Managing Member Melbourne, Florida 32901

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AMD AMD FILED

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of OUTER LIMITS DIRECT, LLC

(the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this	215 day of Nov. 2001
~	7/- 1/12 5
	Signature Signature
	NEIL W. SMITH
	Print Name of Signer

WITNESS:

Dewid L. Space Signature

DAVID L. SPACE

Print Name of Witness

WITNESS:

Signature

Print Name of Witness

OI NOV 21 AM 9: 27
SECRETARY OF STATE
TALL AHASSET TELEBRA