



L020000 16633

ACCOUNT NO. : 072100000032

REFERENCE : 647991 81253A

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 155.00

ORDER DATE : July 1, 2002

ORDER TIME : 3:01 PM

500006138495--9

ORDER NO. : 647991-005

CUSTOMER NO: 81253A

CUSTOMER: Theodore R. Nelson, Esq
Nelson & Feldman

1111 Kane Concourse
Suite 200
Bay Harbor Isl, FL 33154

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02 JUL - 1 PM 3:55
DIVISION OF CORPORATION

DOMESTIC FILING

NAME: AFP MANAGEMENT, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

7/2 dnt

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02 JUL - 1 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Limited Liability Company is
AFP MANAGEMENT, LLC

ARTICLE II - ADDRESS:

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

1035 Papaya Street
Hollywood, Florida 33009

The mailing address is:

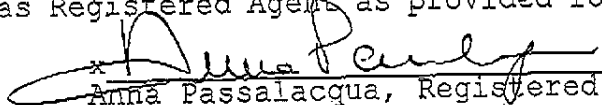
1861 North Federal Highway, PMB 155
Hollywood, FL 33020-2827

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

The name and the Florida street address of the Registered Agent are:

Anna Passalacqua
1035 Papaya Street
Hollywood, FL 33009

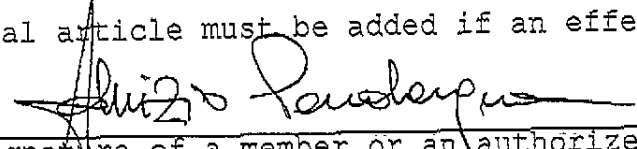
Having been named as Registered Agent and to accept service of process for the above-stated limited liability company at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


Anna Passalacqua, Registered Agent

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.)


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.)

Fabrizio Passalacqua, Member
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUL - 1 PM 11:33

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MANAGING MANAGER OF AFP MANAGEMENT, LLC:
Fabrizio Passalacqua 1035 Papaya Street
Managing Manger Hollywood, FL 33009

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, 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: _____
AFP MANAGEMENT, LLC

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

Anna Passalacqua

(Name)

1035 Papaya Street


(P.O. Box not acceptable)

Hollywood, FL 33009

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


ANNA PASSALACQUA
(Signature)

June 30, 2002

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent