

Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone : (305)599-0839

Fax Number

: (305)716-0346

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UVISION OF COKPORATION

LIMITED LIABILITY COMPANY

ISLAND ECOMM, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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TALLES STATEMENT ST

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

island eComm, LLC

ARTICLE II - ADDRESS

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

20423 State Rd. &, #F6-518 Boca Raton, FL 33498

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE:

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

Tarik Mason 1120 Boca Entrada Bivd., #208 Boca Raton, FL 33428

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.

ARTICLE VII - MANAGEMENT (Check if applicable)

Registered Agent's Signature

__X__ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

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.

<u>Tarik Mason</u>
Typed or printed name of signee.

Executed this fifth (5th) day of August 2002.