

Attorney at Law

23 Sixth Street North St. Petersburg, Florida 33701 (727) 827-9392

> 000007427260--0 -08/29/02--01047--021 ****160.00 ****160.00

August 27, 2002

Florida Secretary of State Corporations Division P.O. Box 6327 Tallahassee, FL 32314

Re: LIZ, LLC, a limited liability company

Dear Sir/Madam:

Enclosed for filing are original and copy of Articles of Organization for the above company. After filing, please return a certified copy of the Articles to the undersigned.

Also enclosed is my trust account check no. 924 in the sum of \$160.00 to cover the following:

Filing fee - \$125.00
 Certified copy - 30.00
 Good standing cert. - 5.00

If you have any questions, please contact the undersigned. Thank you.

Sincerely,

Heidi Horak

HH/cw Encls.

cc: LIZ, LLC

\$130xx

ARTICLES OF ORGANIZATION OF LIZ, LLC

02 AUG 29 PH 9: 37
SLEVINASSEE, FLORIDA

ARTICLE I NAME

The name of this Limited Liability Company shall be LIZ, LLC ("the Limited Liability Company").

ARTICLE II DURATION

The Limited Liability Company shall have perpetual existence, unless it shall hereafter be dissolved according to law.

ARTICLE III INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial principal office of the Limited Liability Company is 6222 Glen Eagle Court, Spring Hill, FL 34606, and the name and address of the initial registered agent of the Limited Liability Company at that address is Patricia Knipp.

ARTICLE IV PURPOSE AND POWERS

The purposes for which the Limited Liability Company is organized shall be to engage in any lawful business for which limited liability companies may be organized under Florida law.

IN WITNESS WHEREOF, the undersigned Member has executed these Articles of Limited Liability Company on this 8th day of August, 2002.

Patricia Knipp

New York
STATE OF FLORIDA
COUNTY OF PINELLAS

Before me, the undersigned authority, on this day personally appeared Patricia Knipp, who executed and acknowledged the foregoing instrument before me this 8th day of August, 2002. She is personally known to me or produced as identification.

Affix Notarial Seal

Notary Public

My Commission Expires:

DIANE ERLWEIN
Notary Public, State of New York
Sullivan County Clerk's #2493
Commission Exp. Dec. 14, 20

REGISTERED AGENT CERTIFICATE

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.

Patricia Knipp, Registered Agent

Date: August 8, 2002