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LIMITED LIABILITY COMPANY

Bizholdns, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
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FAX AUDIT #

11020001916699

**ARTICLES OF ORGANIZATION
OF
Bizholdns, L.L.C.**

ARTICLE I NAME

The name of the limited liability company shall be: **Bizholdns, L.L.C.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 511 Harbor Gate Way, Longboat Key, Florida 34228.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Timothy M. Roberts, 511 Harbor Gate Way, Longboat Key, Florida 34228. Located in the County of Sarasota.

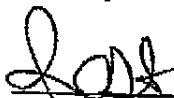
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2042.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Timothy Roberts, 511 Harbor Gate Way, Longboat Key, Florida 34228



Richard Oster, Vice President
Business Filings Incorporated
Authorized Representative

Prepared by Richard Oster, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
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**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Bizholdns, L.L.C.**

The name and address of the registered agent and office is Timothy M. Roberts, 511
Harbor Gate Way, Longboat Key, Florida 34228. Located in the County of Sarasota.

Having been named as registered agent and to accept service of process for the above
stated corporation 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.

Signature: _____

Timothy M. Roberts

Date: April 18, 2002

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