L02000029105

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To:
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From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

BLUE LINE DISTRIBUTORS LLC

L02-29105
QL

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

BLUE LINE DISTRIBUTORS LLC

ARTICLE II-Address:
The mailing address and Street address of the principal office of the Limited Liability Company is:

2200 South Dixie Highway
Suite 506
MIAMI, FL 33133

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

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

Ballestas and Associates, Inc.
Name

7730 S.W. 68 Terrace
Florida street address

Miami, Florida 33143
City, State, and Zip

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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 as provided for in Chapter 608, FS.

Adolfo Ballestas, President Ballestas & Associates, Inc.
Registered Agent's Signature

Achilles Ballestas, AUTHORIZED REPRESENTATIVE
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.)

Achilles Ballestas
(typed or printed name of signee

STATE OF FLORIDA:

-S.S.-

COUNTY OF MIAMI-DADE:

BEFORE ME, the undersigned authority, personally appeared:

ACHILLES BALLESTAS

To me well known and known to me to be the individuals described, and who executed the foregoing Articles of Organization, and Who acknowledged before me that the same was executed for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto affixed my hand and Official Seal at Miami, Miami-Dade County, Florida.

Date: This 14 day of October *2002.*

Dalin Torga
Notary Public, State of Florida at Large

My commission expires:

Dalin Torga
Commission # CC904801
Expires Feb. 27, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

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TALLAHASSEE, FLORIDA