

W02000032543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

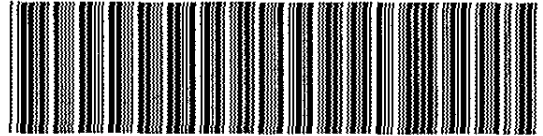
(Document Number)

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Special Instructions to Filing Officer:

12/5 FL LLC

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02 DEC -5 PM 2:59

STATE OF FLORIDA
DIVISION OF CORPORATIONS

RECEIVED

02 DEC -5 PM 12:01

DIVISION OF CORPORATION



ACCOUNT NO. : 072100000032

REFERENCE : 823457 7357485

AUTHORIZATION :

COST LIMIT : \$ 125.00

Patricia Pizit

ORDER DATE : November 17, 2002

ORDER TIME : 10:05 AM

ORDER NO. : 823457-005

CUSTOMER NO: 7357485

CUSTOMER:

Mr. Walter Mcdougal

632 Nw 21st Ct.

Pompano Beach, FL 33060

DOMESTIC FILING

NAME: TAKE DAT LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons - EXT. 1139

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TAKE DAT LLC

ARTICLE II - Address:

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

10788 NW 40TH ST., SUNRISE, FL 33351

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

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

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32301
City, State, and Zip

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.

Corporation Service Company

By:

Registered Agent's Signature

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

(An additional article must be added if an effective date is requested)

Deborah D. Skipper
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.)

DEBORAH D. SKIPPER
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
TALLAHASSEE FLORIDA

02 DEC -5 PM 2:59

TAKE DAT LLC
MEMBERS LIST

KEVIN HUNTLEY	10788 NW 40TH ST. SUNRISE, FL 33351
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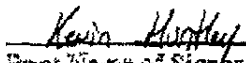
KEVIN MCDOUGAL	10788 NW 40TH ST. SUNRISE, FL 33351
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LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of TAKE DAT LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the accuracy described herein or the authority of CSC to act as attorney-in-fact.

This Limited Power of Attorney is executed on this day of , 2002.


Signature

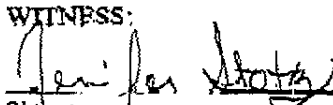

Print Name of Signer

WITNESS:


Signature


Print Name of Witness

WITNESS:


Signature


Print Name of Witness

LLC DRAFTING POWER OF ATTORNEY DDD (LLCATT)