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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September, 18 2002

TO: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida. 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From: Tomas J. Fernandez
Daki lube Services LLC.
5452 S.W. 127 Court
Miami, Florida 33175

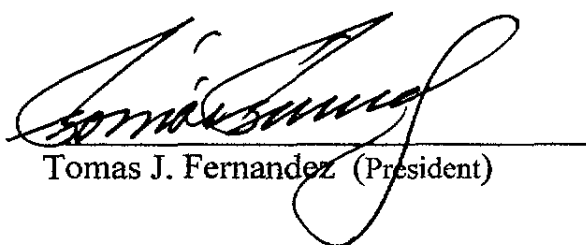
I am submitting along with the articles of organization, a personal check and phone numbers.

Phone # 305 553 6644 (home)
 305 610-6640 (cell)
 305 559 9965 (buss)
 305 553 9902 (fax)

E-mail: Tfernandez@prodigy.net

Please send me other information that I required to registered my company.

Thank You


Tomas J. Fernandez (President)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE ONE-NAME:

The name of the Limited Liability Company is:

DAKI LUBE SERVICES LLC.

ARTICLE TWO- ADDRESS:

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

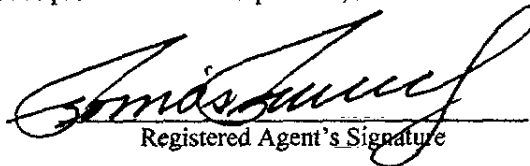
**5452 S.W. 127 COURT
MIAMI, FLORIDA. 33175**

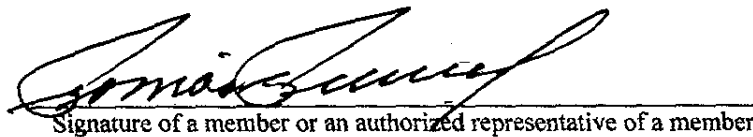
ARTICLE THREE - Registered Agent, Registered Office & Registered Agent's Signature:

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

**TOMAS J. FERNANDEZ
5452 S.W. 127 COURT
MIAMI, FLORIDA. 33175**

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.


Registered Agent's Signature


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.)

TOMAS J. FERNANDEZ

Typed or printed name of signee

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