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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

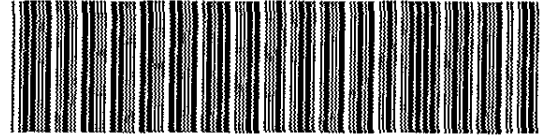
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Law Office of Mayra L. Calo, P.A.

122 South Howard Avenue, Tampa, Florida 33606
Telephone 813.259.4844 Facsimile 813.259.4834

December 10, 2002

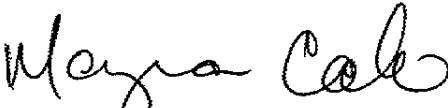
Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find Articles of Organization for Florida Limited Liability Company and a check made payable to the Florida Department of State in the amount of \$160 for the filing fee.

If you should have any questions, please feel free to contact me. Thank you.

Sincerely,


Mayra Calo

W02-34933

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FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 13, 2002

LAW OFFICE OF MAYRA L. CALO
122 SOUTH HOWARD AVENUE
TAMPA, FL 33606

SUBJECT: LAW OFFICE OF MAYRA L. CALO, LLC
Ref. Number: W02000034933

We have received your document for LAW OFFICE OF MAYRA L. CALO, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 702A00065931

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Law Office of Mayra L. Calo, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
122 South Howard Avenue, Tampa, Florida 33606

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

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

Mayra L. Calo

Name
122 South Howard Avenue

Florida street address (P.O. Box NOT acceptable)
Tampa, Florida 33606 FL

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.

Registered Agent's Signature

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

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.)

Mayra L. Calo

Typed or printed name of signer

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)

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