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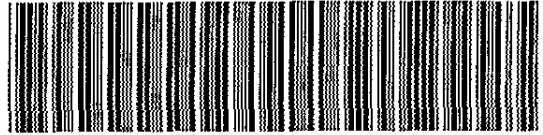
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2/14 FL LLC CC

W02-35034

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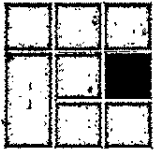
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12/13/02--01030--006 **155.00

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03 FEB 14 AM 9:14

RECEIVED



Zimmer & Lawson

Accounting Services, Inc.

2403 State Street
Tampa, Florida 33609

813.354.8301
Fax 813.354.8201

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327,
Tallahassee, FL. 32314

Subject: SIBA, L.L.C.

Enclosed is an original and one copy of the Articles of ORGANIZATION and
a check for: \$155.00

From: Zimmer & Lawson Accounting Service, Inc.
2403 State Street,
Tampa, FL. 33609
813-354-8301



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 16, 2002

ZIMMER & LAWNSON ACCOUNTING SERVICES, INC.
2403 STATE STREET
TAMPA, FL 33609

SUBJECT: SIBA, L.L.C.
Ref. Number: W02000035034

We have received your document for SIBA, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 602A00066140

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

SIBA, L.L.C.

ARTICLE II ADDRESS

**THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE
OF THE LIMITED LIABILITY COMPANY IS: 2403 STATE STREET
TAMPA, FL. 33609**

ARTICLE III DURATION

**THE PERIOD OF DURATION FOR THE LIMITED LIABILITY COMPANY
SHALL BE; PERPETUAL**

ARTICLE IV STATEMENT OF PURPOSE

**PURPOSES: TO ENGAGE IN THE INVESTMENT BUSINESS, WHICH
WILL INCLUDE THE OPERATIONS OF INVESTMENT PROPERTY. THE FOREGOING
PURPOSES AND ACTIVITIES WILL BE INTERPRETED AS EXAMPLES ONLY AND NOT
AS LIMITATIONS, AND NOTHING THEREIN SHALL BE DEEMED AS PROHIBITING THE
LLC FROM ENGAGING IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH AN LLC MAY
BE ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA.**

ARTICLE V MANAGEMENT

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TAMPA, FLORIDA
CLERK OF THE CIRCUIT COURT

**THE LIMITED LIABILITY COMPANY IS TO BE MANAGED BY THE MEMBERS
AND THE NAMES AND ADDRESSES OF THE MANAGING MEMBERS ARE:**

**JAMES JANUZE
P.O. BOX 303,
RIVERVIEW, FL. 33569**

**JAMES JANUZE JR
P.O. BOX 303,
RIVERVIEW, FL. 33569**

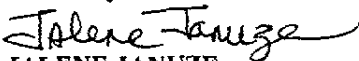
**JALENE JANUZE
P.O. BOX 303,
RIVERVIEW, FL. 33569**

ARTICLE VI MEMBERS RIGHTS TO CONTINUE BUSINESS
**THE RIGHT IF GIVEN OF THE REMAINING MEMBERS OF THE LIMITED
LIABILITY COMPANY TO CONTINUE THE BUSINESS ON THE DEATH, RETIREMENT,
RESIGNATION, EXPULSION, BANKRUPTCY, OR DISSOLUTION OF A MEMBER OR
THE OCCURRENCE OF ANY OTHER EVENT WHICH TERMINATES THE CONTINUED
MEMBERSHIP OF A MEMBER IN THE LIMITED LIABILITY COMPANY.**


JAMES JANUZE

**(IN ACCORDANCE WITH SECTION 608.4083 FLORIDA STATUTES, THE EXECUTION OF THIS AFFIDAVIT
CONSTITUTES AN AFFIRMATION UNDER THE PENALTIES OF PERJURY THAT THE FACTS STATED
HEREIN ARE TRUE.)**


JAMES JANUZE JR.


JALENE JANUZE

FILING FEE : \$500.00 FOR ARTICLES AND AFFIDAVIT

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT OF THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. THE NAME OF THE LIMITED LIABILITY COMPANY IS: **SIBA, L.L.C.**
2. THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT ARE;

JAMES JANUZE
2403 STATE STREET
TAMPA, FLORIDA 33609

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.


JAMES JANUZE

FILING FEE \$35.00 FOR DESIGNATION OF REGISTERED AGENT