L03000008034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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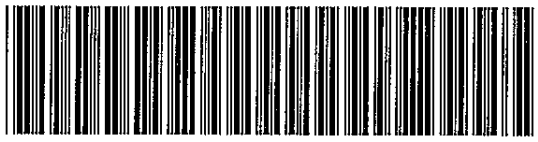

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 952721 7184109

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 155.00

ORDER DATE : March 4, 2003

ORDER TIME : 10:20 AM

ORDER NO. : 952721-005

CUSTOMER NO: 7184109

CUSTOMER: Jack B. Owen, Jr., Esq
Jack B. Owen, Jr. Attorney At Law
Suite 206
4500 Pga Boulevard
West Palm Beach, FL 33418

DOMESTIC FILING

NAME: WHEELS PLUS, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Wheels Plus, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
4500 PGA Boulevard, Suite 206, Palm Beach Gardens, Florida 33418

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

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

Jack B. Owen, Jr.
Name

4500 PGA Blvd., Suite 206
Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens FL 33418
City, State, and Zip

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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.

Resident Agent
Registered Agent's Signature

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

Authorized Agent for Members
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.)

Jack B. Owen, Jr., Authorized Agent for Members
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)