

L03000008368

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L03-8368

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ACCOUNT NO. : 072100000032

REFERENCE : 957951 10463A

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 155.00

ORDER DATE : March 7, 2003

ORDER TIME : 11:16 AM

ORDER NO. : 957951-010

CUSTOMER NO: 10463A

CUSTOMER: Larissa Lincoln
Cohen Norris Scherer
Weinberger & Wolmer
Suite 400
712 U.s. Highway 1
North Palm Bch, FL 33408-7146

DOMESTIC FILING

NAME: VAILLANT VALFOX, LLC

EFFECTIVE DATE: 03/06/2003

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Kimberly Moret - EXT. 1149

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION OF
VAILLANT VALFOX, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is VAILLANT VALFOX, LLC.

ARTICLE II

This limited liability company shall have perpetual existence from the **DATE OF SIGNING (being March 6, 2003)** of these Articles of Organization with the Department of State, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members..

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ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 115 N. Palm Way, Apt. 2, Lake Worth, FL 33460. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is ANDREW M. JACOBSON, 712 U.S. Highway One, Suite 400, North Palm Beach, Florida 33408.

ARTICLE V

The management of this limited liability company shall be vested in a member or members (i.e. management committee as described in the Operating Agreement) and is, therefore, a member-managed company.

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 6 day of March, 2003.



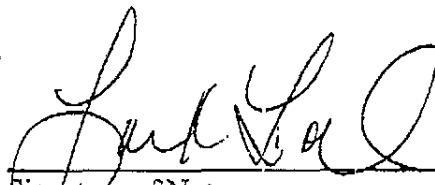
ANDREW M. JACOBSON,
Authorized Representative of a Member

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 6th day of March, 2003, by ANDREW M. JACOBSON, who is personally known to me or who has produced Florida State Driver's License Number N/A as identification and who () or did not () take an oath.

Executed this 6th day of March, 2003.


Signature of Notary
Printed Name: LARISSA K. LINCOLN
My Commission Expires:
My Commission Number:

CLERK OF STATE
PALM BEACH, FLORIDA

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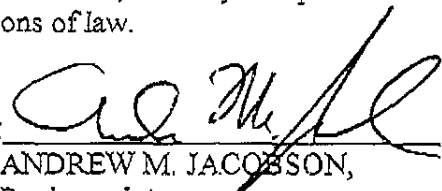
CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT, IN THE STATE OF FLORIDA.

That VAILLANT VALFOX, LLC, a Florida Limited liability company, with its
registered office at 115 N. Palm Way, Apt. 2, Lake Worth, Florida 33460, has named ANDREW
M. JACOBSON, at 712 U.S. Highway One, Ste 400, North Palm Beach, FL 33408 as its initial
registered agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated
limited liability company at the place designated in this Certificate, I hereby accept to act in such
capacity and agree to comply with the applicable provisions of law.

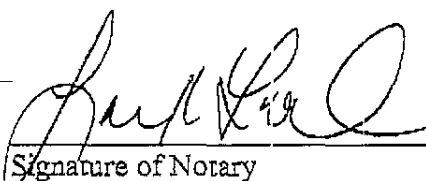
By: 
ANDREW M. JACOBSON,
Registered Agent

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 6th day of March, 2003, by
ANDREW M. JACOBSON, who is personally known to me or who has produced Florida State
Driver's License Number N/A as identification and who did () or did
not () take an oath.

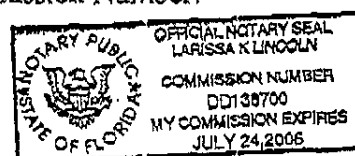
Executed this 6th day of March, 2003.


Signature of Notary

Printed Name: LARISSA K. LINCOLN

My Commission Expires:

My Commission Number:



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TALLAHASSEE
STATE OF FLORIDA