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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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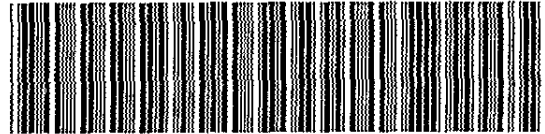
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

March 24, 2002

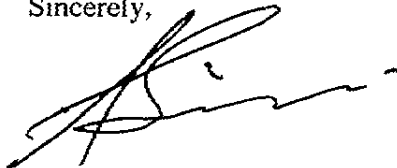
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Registrar:

Please find the required documents and fees enclosed.

If there are any problems or should you have a question, please contact me directly at 813-765-5729.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anthony Scimé', with a stylized flourish at the end.

Anthony Scimé

**LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION
SCIMÉ BROTHERS LLC**

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ARTICLE I: Name

The name of the Limited Liability Company is: SCIMÉ BROTHERS LLC.

ARTICLE II: Address

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

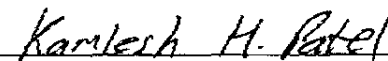
1408 N. Westshore Blvd.
Suite 611
Tampa, FL 33607

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

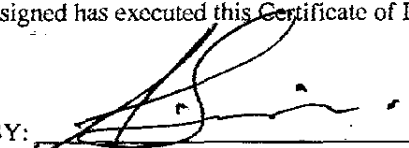
The name and the Florida street address of the registered agent are:

Kamlesh Patel
1408 N. Westshore Blvd.
Suite 611
Tampa, FL 33607

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

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership on this 24th day of March 2003.

BY: 
Anthony Scimé

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.