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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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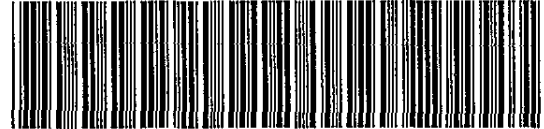
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/09/03--01022--003 **125.00

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RONALD L. GAREY, CPA & ASSOCIATES, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 7, 2003

Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

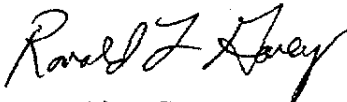
Enclosed are the articles of organization for "Ronald L. Garey, CPA & Associates, LLC
along with check number 4171 for \$125.00.

Please mail all correspondence to:

Ronald L. Garey
9896 Montclair Circle
Apopka FL 32703

Tel. 407-295-7457

Thank you.


Ronald L. Garey

9896 MONTCLAIR CIRCLE, APOPKA FL 32703
TEL. 407-295-7457, CELL 407-620-2915
EMAIL gareyr@bellsouth.net

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

RONALD L. GAREY, CPA & ASSOCIATES, LLC

ARTICLE II - Address:

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

9896 MONTCLAIR CIRCLE, APOPKA, FL, 32703

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

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

RONALD L. GAREY

Name

9896 MONTCLAIR CIRCLE


Florida street address (P.O. Box **NOT** acceptable)

APOPKA FL 32703

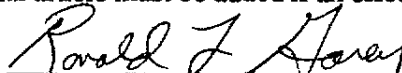
FL

City, State, and Zip

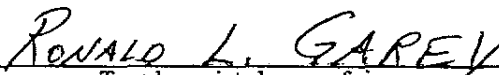
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.)


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)