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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA



ACCOUNT NO. : 072100000032

REFERENCE : 034650 10463A

AUTHORIZATION :

Patricia Pizzuto

COST LIMIT : \$ 155.00

ORDER DATE : April 14, 2003

ORDER TIME : 12:02 PM

ORDER NO. : 034650-005

CUSTOMER NO: 10463A

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

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TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: PATRICIA TALIAFERRO, 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 OF
PATRICIA TALIAFERRO, 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 PATRICIA TALIAFERRO, LLC.

ARTICLE II

This limited liability company shall become effective on APRIL 9, 2003, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members..

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 7736 SW 119th Court, Miami, FL 33183. 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 GREGORY R. COHEN, 712 U.S. Highway One, Ste 400, North Palm Beach, FL 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 8th day of April, 2003.



GREGORY R. COHEN, Authorized
Representative of a Member

TALLAHASSEE, FLORIDA

03 APR 14 PM 1:40

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STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 8th day of April, 2003, by GREGORY R. COHEN, 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 (X) take an oath.

Executed this 8th day of April, 2003.

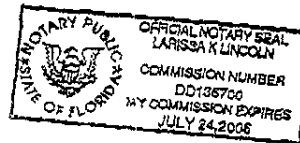


Signature of Notary

Printed Name: LARISSA K. LINCOLN

My Commission Expires:

My Commission Number:



CLERK OF COURT
PALM BEACH, FLORIDA

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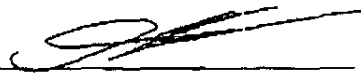
CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED

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 **PATRICIA TALIAFERRO, LLC**, a Florida limited liability company, with its
registered office at 7736 SW 119th Ct., Miami, FL 33183, has named **GREGORY R. COHEN**, 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.

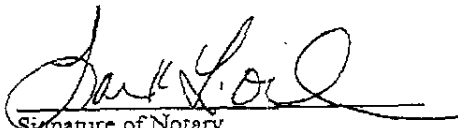

GREGORY R. COHEN,
Registered Agent

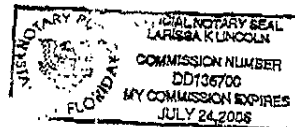
STATE OF FLORIDA)

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GREGORY R. COHEN, 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 (X) take an oath.

Executed this 8th day of April, 2003.


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



STATE OF FLORIDA
TALLAHASSEE, FLORIDA

03 APR 14 PM 1:40

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