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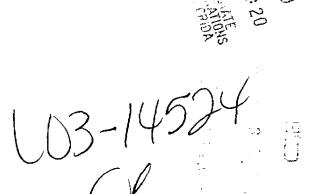
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	‡)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Name	*)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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CT CORPORATION

April 23, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5837075 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Burgundy Enterprises, LLC (FL) Formation Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff_Netherton@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

ARTICLES OF ORGANIZATION FOR ELORIDA LIMITED LIARITITY COMPANY

WILLIAM OF ORCES TO TOUT OR TOUT THE TANKER			
ARTICLE I - Name: The name of the Limited Liability Company is:			
BURGLUPY ENTERPRISES, LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabite 520 Marison Ave., 38th Floor, New York, NY 1002 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's St			ers
The name and the Florida street address of the registered agent are:			
C T Corporation System			
Nixive			
e/o C T Corporation System, 1200 South Pinc Island Road			
Florida street address (P.O. Box NOT acceptable)			
Plantation FT. 33324			
City, Surte, and Zip			
Having been named as registered agent and to accept service of process for the about liability company at the place designated in this certificate, I hereby accept the apprecistered agent and agree to act in this capacity. I further agree to comply with the stabilities relating to the proper and complete performance of my duties, and I am fan accept the obligations of my position as registered agent as provided for in Chapter CT Corporation System By:	ointment as e provisions o niliar with and 1600, F.S .	full I	
Registered Agent's Signature	Secretary	instan	ssA.
(An additional article must be added if an effective date is request		.A 29≀	пвь
Love Colon			
Signature of a member or an authorized representative of a member.			
(In accordance with section 6193.4498(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	*		
LORNE CAPLAN			
Typed or printed name of signee		- 12	
****		د.	•
Fling Focs: \$100.00 Filing Fee for Articles of Organization	Projection (Control of Control of	.*	1

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)