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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

It's For Us, LLC

Name Availability	
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Member Identifier	DCC
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TALLAHASSEE, FLORIDA

FAX AUDIT # 1-800-300-1968673

**ARTICLES OF ORGANIZATION
OF
It's For Us, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **It's For Us, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 4808 Lake Sparling Road, Orlando, Florida 32810.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Vernon Jones, 4808 Lake Sparling Rd., Orlando, Florida 32810. Located in the County of Orange.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2043.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Vernon Jones, 4808 Lake Sparling Rd., Orlando, Florida 32810.

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TALLAHASSEE, FLORIDA


Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, Business Filings Incorporated
8025 Excelsior Dr., Suite 200, Madison, WI 53717
(608) 827-5300

FAX AUDIT # 1-800-300-1968673

FAX AUDIT # 1030001968673CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **It's For Us, LLC**

The name and address of the registered agent and office is Vernon Jones, 4808 Lake
Sparling Rd., Orlando, Florida 32810. Located in the County of Orange.

Having been named as registered agent and to accept service of process for the above
stated corporation 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.

Signature: _____


Vernon Jones

Date: May 13, 2003

SECRETARY OF STATE
ALLIANCE FLORIDA

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