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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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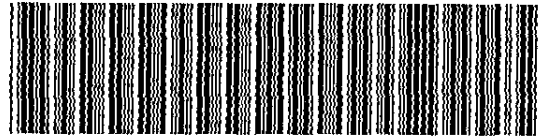
(Business Entity Name)

(Document Number)

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LAURA L. FERRANTE

LAW AND MEDIATION OFFICE
436 Jacksonville Drive
Jacksonville Beach, Florida
32250

Supreme Court Certified
Circuit Mediator

Board Certified
Workers' Compensation

Telephone: 904-247-8890
Facsimile: 904-247-7003

E-mail:
LauraFerrante@aol.com

June 10, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

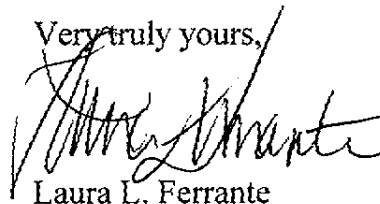
Re: Ferrante Mediations, LLC

To Whom it may Concern:

Enclosed please find my Articles of Organization for Limited Liability Corporation as well as my check in the amount of \$125.00 for the filing fee and fee for Designation of the Registered Agent.

Should you require anything further from me in forming the above LLC, please do not hesitate to give me a call.

Very truly yours,



Laura L. Ferrante

LLF/lr
enclosure

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
"Ferrante Mediations, LLC"

ARTICLE II - Address:

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

Jacksonville Beach, Florida 32250

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

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

Laura L. Ferrante

Name

436 Jacksonville Drive

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

Jacksonville Beach

FL 32250

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.)

Laura L. Ferrante

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)

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TALLAHASSEE, FLORIDA