

L03000025261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2003 JUL -7 AM 9:32
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUL 11 2003

Homer P. Appleby
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621 NW 53rd Street, Suite 240
Boca Raton, FL 33487

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July 3, 2003

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2003 JUL -7 AM 9:32
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: First Call Consultants, LLC

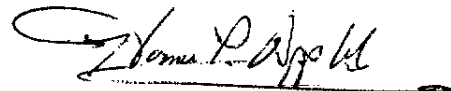
Dear Sir or Madam:

Enclosed are an original and one (1) copy of Articles of Organization for the referenced new Florida limited liability company. Also enclosed is a check payable to the Florida Department of State in the amount of \$130.00, covering the filing fee, designation of registered agent, and a certificate of status for the new entity.

If there are any questions regarding the enclosures please contact me by telephone or email at the numbers indicated above. Otherwise, please return the completed documents at the above address.

Thank you for your attention to this matter.

Sincerely,



Homer P. Appleby

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
First Call Consultants, LLC

ARTICLE II - Address:

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

Principal Office Address:

8979 Alexandra Circle
Wellington, FL 33414

Mailing Address:

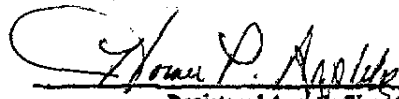
8979 Alexandra Circle
Wellington, FL 33414

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

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

Homer P. Appleby
Name
3245 Saint James Drive
Florida street address (P.O. Box NOT acceptable)
Boca Raton, FL 33434
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

(CONTINUED)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

<u>MGRM</u>	<u>Michael Warren Price</u>
	<u>8979 Alexandra Circle</u>
	<u>Wellington, FL 33413</u>

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ZIV-JOHN & COMPANY
TALLAHASSEE, FLORIDA


(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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 signer

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 20.00 Certified Copy (Optional)