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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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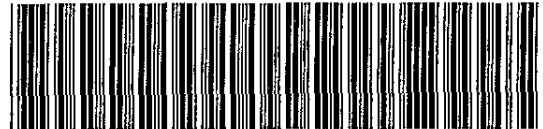
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Full Lein Consulting Ltd. Co.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jon Fuller

(Name of Person)

Full Lein Consulting Ltd. Co.

(Firm/Company)

1314 E. Las Olas Blvd. #119

(Address)

Fort Lauderdale, Florida 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Jon Fuller

(Name of Person)

at (305) 923-8778

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

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W03-21134



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 25, 2003

JON FULLER
FULL LEIN CONSULTING LTD. CO.
1314 E. LAS OLAS BLVD. #119
FORT LAUDERDALE, FL 33301

SUBJECT: FULL LEIN CONSULTING LTD. CO.
Ref. Number: W03000021134

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We have received your document for FULL LEIN CONSULTING LTD. CO. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

We were unable to find any active filing by the name you list as Registered Agent. If this is an active entity on our records, please provide the document number of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 803A00043402

JON E. FULLER, PRIVATE CONSULTANT

MANAGEMENT CONSULTING SERVICES/CONTRACT MANAGEMENT

Mail Address: 1314 East Las Olas Boulevard, #119 Fort Lauderdale, Florida 33301

Phone: (305) 923-8778 Email: JNFLLR@aol.com

July 31, 2003

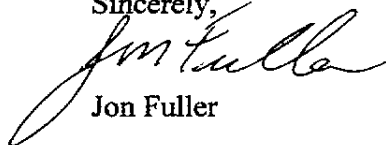
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Full Lein Consulting Ltd Co

Dear Registration Section:

Enclosed you will find the revised Articles of Organization for a Florida Limited Liability Company. The Articles have been revised to reflect John T. David not John T. David, PA as the registered agent. Mr. David is an attorney located in Ft. Lauderdale, FL where he has been practicing for over twenty years.

Sincerely,



Jon Fuller

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Full Lein Consulting Ltd. Co.

ARTICLE II - Address:

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

Principal Office Address:

3398 NW 24th Terrace
Boca Raton, Florida 33431

Mailing Address:

3398 NW 24th Terrace
Boca Raton, Florida 33431

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

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

John T. David

Name

408 S. Andrews Avenue, Suite 202

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

Fort Lauderdale FL 33301

City, State, and Zip

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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)

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:

MGRM	Robert Heinlein
	3398 NW 24th Terrace
	Boca Raton, FL 33431
MGRM	Jon Fuller
	1314 E. Las Olas Blvd., #119
	Fort Lauderdale, FL 33301

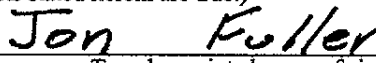
(Use attachment if necessary)

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 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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