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2003 AUG 15 PM 12: 33

Michael Matta 13850 White Gardenia Way Fort Myers, Florida 33912 (239) 707-8882

August 12, 2003

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314 (850) 245-6051

To whom it may concern,

Please process our application for articles of a corporation.

Thank you,

Michael Matta

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Please return all correspondence concerning this matter to the following: Michael Matth (Name of Person)
MNIVERSAL Model (Firm/Company)
Da Roy 6/49/
P.O. Box 6/69/ (Address) FORT MYCAS, Florida 33906 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Manne (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Registration Section

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Wives of Model, LLC

ARTICLE I - Name:

ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13850 White GARDENIA WAY FORT MYCES, FLORIDA 33912	PD BOX 6/691 FORT MYGES, FLORIDA 33908
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regist	
Michael M. Name	The state of the s
13850 White GARDER Florida street address (P.O. Box	NOT acceptable)
City, State, and Zi	<u>33912</u>

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 as	ch Managar or Managing N	K

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Me RM	Michael MoTTA 13850 White GARDENIA WAY FT. MYR FLORIDA, 33912	-
MERM	NATASHA MATTA 13850 WHITE GARDGUA GUAY FORT MYERS, FLORIDA 33912	
	ust be added if an effective date is requested.	<u></u>
(Use attachment if necessary)		7
NOTE: An additional article m	ust be added if an effective date is requested.	جُخ
REQUIRED SIGNATURE:		
	Wild Make	ý
Signature of a m	ember or an authorized representative of a member.	
of this document that the facts stat	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed 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)