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LAW OFFICES
MICHAEL LAPAT

3300 University Drive
Suite #311
Coral Springs, Florida 33065
(954) 345-6442
(954) 344-0288 (Fax)

11 South LaSalle Street
Suite # 1500
Chicago, Illinois 60603
(312) 641-3723
(312) 368-1361 (Fax)

Please Reply to Florida Office

August 14, 2003

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

Dear Sir or Madam,

Enclosed please find signed Articles of Organization for Emerald Capital Management, LLC, along with our check in the amount of \$160.00 representing the filing fee for this entity formation. Please file same and send file-stamped copies to this office in the enclosed envelope which I have provided.

Should you have any questions, please do not hesitate to contact the undersigned at 888-263-4774.

Very truly yours,


Lyn McDonald

lm
enclosure

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emerald Capital Management, LLC
(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:

Linda McDonald
(Name of Person)

Law Offices of Michael Lapat
(Firm/Company)

3300 University Drive - Suite 311
(Address)

Coral Springs, Florida 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda McDonald at (954) 345-6442
(Name of Person) (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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
EMERALD CAPITAL MANAGEMENT, LLC

ARTICLE II - Address:

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

Principal Office Address:

5200 Town Center Circle-Tower I
Suite 308
Boca Raton, Florida 33486

Mailing Address:

5200 Town Center Circle-Tower I
Suite 308
Boca Raton, Florida 33486

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

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

Marek D. Chelkowski

Name

5200 Town Center Circle-Tower I, Suite 308

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

Boca Raton, Florida 33486

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:

MGR

Marek D. Chelkowski

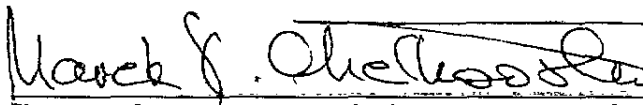
5200 Town Center Circle-Tower I, Suite 308
Boca Raton, Florida 33486

Marek D. Chelkowski

(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.)

Marek D. Chelkowski

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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