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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

logics resource solutions, llc

Certificate of Status	0
Certified Copy	1
Page Count	04
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**ARTICLES OF ORGANIZATION
OF
LOJICS RESOURCE SOLUTIONS, LLC**

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under Chapter 608 of the Florida Statutes, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is: Lojics Resource Solutions, LLC

SECOND: The Limited Liability Company shall continue until the occurrence of an event set forth in the Operating Agreement which causes the termination of the Limited Liability Company.

THIRD: The Limited Liability Company is organized to engage in and do any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with Chapter 608 of the Florida Statutes, including all powers and purposes now and hereafter permitted by law to a limited liability company.

FOURTH: The mailing address and street address of the initial registered office of the Limited Liability Company in Florida is 215 Celebration Place, Suite 500, Celebration, Florida 34747, and the name of the initial registered agent of the Limited Liability Company in Florida at that address is Mark C. Rutecki, Esq.

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.


Mark C. Rutecki, Esq.

FIFTH: The mailing address and principal office of the Limited Liability Company is 409 Arbor Circle, Celebration, Florida 34747.

SIXTH: The Limited Liability Company will be operated by the Members, and no manager will be appointed. The names and addresses of the Members are: Lojics Investment, Inc., a Florida corporation, having an address at 409 Arbor Circle, Celebration, Florida 34747, and Tiffbiz, Inc., a Florida corporation, having an address at 1003 Wild Elm Street, Celebration, Florida 34747.

SEVENTH: The allocations and distributions of the Limited Liability Company shall be made in proportion to the Members' Percentage Interests.

EIGHTH: Capital contributions in addition to the initial contributions may be made at such times and in such amounts as may hereafter be agreed by the unanimous vote of the Members. No additional capital contributions have been agreed to by the Members at this time.

NINTH: The membership interests of the Members are evidenced by Certificates of Membership.

TENTH: The existing Members shall have the right to admit additional Members to the Limited Liability Company, by the unanimous vote or consent of the Members.

ELEVENTH: The remaining Members of the Limited Liability Company, by the affirmative vote or consent of Members holding 50 percent of the Members' Percentage Interests (other than the Member who caused the

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Withdrawal Event), may continue the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company.

TWELFTH: The names and addresses of the Members and Organizers of the Limited Liability Company are: Lojics Investment, Inc., a Florida corporation, having an address at 409 Arbor Circle, Celebration, Florida 34747, and Tiffbiz, Inc., a Florida corporation, having an address at 1003 Wild Elm Street, Celebration, Florida 34747.

THIRTEENTH: None of the Members of the Limited Liability Company are liable for payment of any debt, obligation or other liability of the Limited Liability Company.


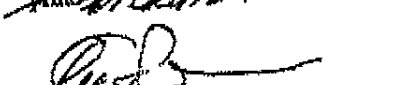
IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on June 1, 2003.

LOJICS INVESTMENT, INC.,
a Florida corporation

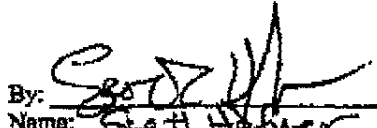

print: JOHN MUFSON

print: JOHN MUFSON

By: 
John Mufson, President


print: JOHN MUFSON

print: JOHN MUFSON

TIFFBIZ, INC., a Florida corporation


By: 
Name: Scott H. Hefner
Title: President

NOTARIAL PUBLIC
STATE OF FLORIDA
COMMISSION EXPIRES 12/31/04
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STATE OF FLORIDA, COUNTY OF OSCEOLA, ss.

The foregoing instrument was acknowledged before me on the 1st day of June, 2003, by John Munn, to me known, who being duly sworn, did depose and say and did acknowledge that he is the President of Lujica Investment, Inc., the corporation described in and which executed the foregoing Articles of Organization; that he knows the seal of said corporation; that the seal affixed to said Articles is such corporate seal; that it was so affixed by the order of the board of directors of the said corporation; and that he signed his name thereto by like order on behalf of the corporation.



 print:

Notary Public
 My commission expires:




Season Rutacki
 My Commission OD151016
 Expires November 24, 2006

Personally Known _____ OR Produced Identification _____
 Type of Identification Produced:

STATE OF FLORIDA, COUNTY OF OSCEOLA, ss.

The foregoing instrument was acknowledged before me on the 1st day of June, 2003, by Scott H. Fera, to me known, who being duly sworn, did depose and say and did acknowledge that he is the President of Tiffbiz, Inc., the corporation described in and which executed the foregoing Articles of Organization; that he knows the seal of said corporation; that the seal affixed to said Articles is such corporate seal; that it was so affixed by the order of the board of directors of the said corporation; and that he signed his name thereto by like order on behalf of the corporation.



 print:

Notary Public
 My commission expires:



Season Rutacki
 My Commission OD151025
 Expires November 24, 2006

Personally Known _____ OR Produced Identification _____
 Type of Identification Produced:

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