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FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Glenda E. Hood Secretary of State

August 21, 2003

NIKOLA MARINCIC 215 DOLPHIN COVE COURT BONITA SPRINGS, FL 34134

SUBJECT: REDOX ENGINEERING CO. LTD.

Ref. Number: W03000023869

We have received your document for REDOX ENGINEERING CO. LTD. 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 name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6020.

Letter Number: 403A00047486

Tammi Cline Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

TRANSMITTAL LETTER

Registration Section Division of Corporations

SUBJECT: REDOX ENGINEERING Co. Ltd.
(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:

NIKOLA MARINGIC
(Name of Person)

REDOX ENGINEERING Co. Ltd. (Firm/Company)

215 DOLPHIN COVE COURT (Address)

BONITA SPRINGS, FLORIDA 34134 (City/State and Zip Code)

For further information concerning this matter, please call:

NIKOLA MARIN CIC at (508) 540 5039 TIL OCT. 03

(Name of Person) (Area Code & Daytime Telephone Number)

239 992 4112 AFTER OCT (.O.S

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: REDOX ENGINEEPING, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
215 DOLPHIN COVE COURT	SAME
BONITA SPRINGS	
FLORIDA 34134	the state of the s

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

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

NIKOLA MARINCIC

Name 215 DOLPHIN COVE COURT Florida street address (P.O. Box NOT acceptable) BONITA SPEINGSFL 34134
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.

Nikola Marinaia

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	NIKOLA MARINCIC 215 DOLPHN COVE COURT BONITA SPRINGS FLORIDA 34134
MGRM	LJILJANA MARINCIC 215 DOLPHIN COVE COURT BONITA SPRINGS PLORIDA 34134
MGRM	LIDISH OFTLOFF 65 GAY STREET WESTWOOD MA 02090

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Nikola Marincia

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.)

NIKOLA MARINGIC

Typed or printed name of signed

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)