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TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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LLC

1.) ABC Armenia Group, LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

ARTICLES OF ORGANIZATION

OF

ABC ARMENIA GROUP, LLC

a Florida Limited Liability Company

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**ARTICLE I
Name**

The name of this Limited Liability Company is **ABC ARMENIA GROUP, LLC** (the "Company").

**ARTICLE II
ADDRESS**

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

1313 Gray Street
Tampa, FL 33606

**ARTICLE III
DURATION**

The Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall continue in existence until the expiration of fifty (50) years from such commencement date, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

**ARTICLE IV
MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is therefore, a member-managed company. The name and addresses of the manager(s) is, as follows:

Gary Cohen
1313 Gray Street
Tampa, FL 33606

Andrew Cohen
1313 Gray Street
Tampa, FL 33606

**ARTICLE V
REGISTERED AGENT AND REGISTERED OFFICE**

The name and the Florida street address of the Registered Agent is:

Gary Cohen
1313 Gray Street
Tampa, FL 33606

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ABC ARMENIA GROUP, LLC,
a Florida limited liability company

By: _____

Gary Cohen

Its: _____ Managing Member

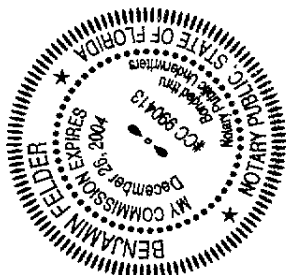
**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

The foregoing instrument was acknowledged before me this 19 day of September, 2003, by **Gary Cohen**, as a Managing Member of **ABC ARMENIA GROUP, LLC**, a Florida limited liability company, who is personally known to me or produced _____ as identification, on behalf of the limited liability company.

Witness my hand and official seal in the county and state last aforesaid on the day and year first written above.

My Commission Expires:

Notary Public, State of Florida



ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

The name of the Limited Liability Company is: **ABC ARMENIA GROUP, LLC**

The name and Florida street address of the Registered Agent is:

Gary Cohen
1313 Gray Street
Tampa, FL 33606

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.



Gary Cohen (SEAL)