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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
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Fax Number : (850) 224-1640

0150-19883

LIMITED LIABILITY COMPANY

CONSUMER CARE OF AMERICA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
03 SEP 30 AM 8:11
DIVISION OF CORPORATION

APPROVED
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03 SEP 29 AM 9:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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VB
9-30-03

ARTICLES OF ORGANIZATION
OF
CONSUMER CARE OF AMERICA, LLC

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ARTICLE I

The name of the limited liability company is CONSUMER CARE OF AMERICA, LLC.

ARTICLE II

The address of the principal office and the mailing address of the limited liability company is c/o Brian Sperber, 10031 N.W. 3rd Ct., Plantation, Florida 33324.

ARTICLE III

The period of duration for the limited liability company shall be perpetual.

ARTICLE IV

The remaining members of the limited liability company have the right to continue the business in the event of the termination of the limited liability company at any time due to death, retirement, resignation, expulsion, bankruptcy, or dissolution of any member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, provided that all of the remaining members agree to do so in writing within 120 days after the date of a member's termination of membership.

ARTICLE V

The name and the Florida street address of the registered agent of the limited liability company is:

✓
CorpDirect Agents, Inc.
103 N. Meridian Street, Lower Level
Tallahassee, Florida 32301

Having been named as the 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.

Date: September 29, 2003


Assistant Secretary

(Registered Agent's Signature)

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09/29/2003 16:23


CCRS - 2050383

NO. 124 003

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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.

SOLE MEMBER


Brian Sperber

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)

03 SEP 29 AM 9:41
CLERK OF COURT
TALLAHASSEE, FLORIDA

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