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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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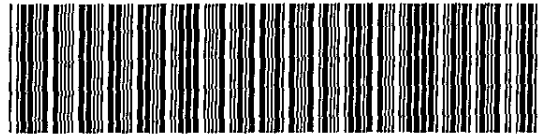
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J. BRYAN CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN OCT - 2 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OESTREICH CONSULTING & INVESTMENT, L.L.C.
(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:

RAYMOND G. FLORES, CPA
(Name of Person)

CG FLORES & RAY G FLORES, CPA
(Firm/Company)

809 BEVERLY PKWY
(Address)

PENSACOLA FL 32505
(City/State and Zip Code)

For further information concerning this matter, please call:

RAY FLORES at (850) 435-6845
(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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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
FOR OESTREICH CONSULTING & INVESTMENT, L.L.C.**

ARTICLE I. Name

The name of the Limited Liability Company is Oestreich Consulting & Investment, 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:

500 Industrial Park Road
Destin, Florida 32540

Mailing Address:

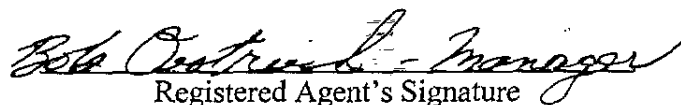
500 Industrial Park Road
Destin, Florida 32540

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

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

Bob Oestreich
18 Lake Lorraine Circle
Shalimar, Florida 32579

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 property 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

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ARTICLE IV. Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Managing Member	Bob Oestreich 18 Lake Lorraine Circle Shalimar, Florida 32579
Managing Member	Linda Oestreich 18 Lake Lorraine Circle Shalimar, Florida 32579

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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.)

Bob Oestreich, Managing Member
Name of signee

Filing Fees:
\$100.00 Filing Fees for Articles of Org.
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Statute (Optional)