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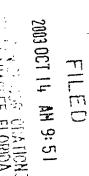
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TO SEE THE WO.5

October 10, 2003

Florida Division of Corporations Registration Section 409 E. Gaines Street Tallahassee, FL 32399

To Whom It May Concern:

Please accept my attached Articles of Organization for the registration of:

Anstarr Group, LLC.

Attached you will also find my check (#261) for:

Filing fee \$100.00

Designated agent \$25.00

Certified copy \$30.00

Certificate of status \$05.00

Total \$160.00

If you should any questions, please contact me at (954) 435-1775 or at the above address.

Thank you for your consideration.

Sincerely yours,

Anthony J

Encl> Check #261

TRANSMITTAL LETTER

| | tion Section of Corporations | | | |
|-------------------|---|---|--|--|
| SUBJECT: | AnstARR | GROUP, LLC une of Limited Liability Company) | | |
| | (Na | me of Limited Liability Company) | | |
| The enclosed A | rticles of Organizati | on and fee(s) are submitted for filing. | | |
| Please return all | correspondence co | ncerning this matter to the following: | | |
| Antho | (Name of Perso | Chiez_ | THE THE | |
| Ansterr | Group, LLC (Firm/Company | ······································ | Mact I Mary Constitution of the Constitution o | |
| 11110 5041 | M Cakevicw (Address) | DRIVE | | |
| Pem Broke | fines, Fl | 33076 Zip Code) | | |
| | (City/State and | Zip Code) | 1 | |
| For further info | rmation concerning | this matter, please call: | | |
| Anthony 1 | Name of Person) | at (954) 435-1775 (Area Code & Daytime Telephone N | umber) | |
| STREET ADD | | MAILING ADDRESS: | | |
| Registration Sec | | | Registration Section | |
| Division of Cor | | Division of Corporations | | |
| | E. Gaines Street P.O. Box 6327 lahassee, Florida 32399 Tallahassee, Florida 32314 | | | |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Anstarr Group, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

11110 South Lakeview DRIVE Pembross pines, FL TOWN STATE OF STATE O

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

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

Anthony J. Richiez

| IIIO South Lakeyiew DRIVE
| Florida street address (P.O. Box NOT acceptable)
| Pembroke Pines FL 33026
| 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..

(CONTINUED)

| ARTICLE IV- Manager(s) or Managi The name and address of each Manager | | | | |
|--|--|--|--|--|
| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: | | | |
| Manager | Anthony J. Richiez 11110 south lakeview prive Pembroke pines, FL 33026 | | | |
| | TO SEE TO | | | |
| (Use attachment if necessary) | The second secon | | | |
| NOTE: An additional article must be added if an effective date is requested. | | | | |
| 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.)

Anthony J. Richiez
Typed or printed name of signee

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)