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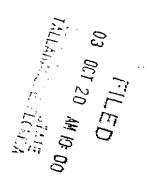
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Office Use Only



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MY

LAW OFFICES OF

CARL F. AGREN

2600 MICHELSON, SUITE 850

IRVINE, CALIFORNIA 92612



October 17, 2003

VIA UPS OVERNIGHT

cagren@aol.com

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

> Re: Vineyards Investment, LLC

Dear Sir or Madam:

Enclosed please find the transmittal letter, Articles of Organization and a check not to exceed \$200.00 along with copies. Please file and mail a conformed copy in the envelope provided.

Thank you in advance for your courtesy and cooperation in this matter.

Very truly yours,

LAW OFFICES OF CARL F. AGREN

Ilie Green

Paralegal to Carl F. Agren

Enclosures

TRANSMITTAL LETTER

| TO: Registration Section | | | |
|---|---------------------|--------------------------|-------------|
| Division of Corporations | | | O. |
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| SUBJECT: Vineyards Investment, | LLC | - | FILED WIGO |
| | nited Liability Com | pany) | |
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| The enclosed Articles of Organization and for | èe(s) are submit | ted for filing. | (第27.0 |
| | | | 5, cm 0 |
| Please return all correspondence concerning | ; this matter to th | ne following: | · |
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| | | | |
| | | | |
| Carl F. Agren | | | |
| (Name of Person) | | | |
| | | | |
| | | | |
| Law Offices of Carl F. Agren | • | | |
| | | • | |
| (Firm/Company) | | | |
| | | | |
| | | | |
| 2600 Michelson, Ste. 850 | • | | |
| (Address) | | • | |
| (| | | |
| Irvine, CA 92612 | • | | |
| | | | |
| (City/State and Zip Code) | > | | |
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| | | | |
| For further information concerning this mat | ter, please call: | | |
| | | | |
| Carl F. Agren | at (949 | 752-8999 | |
| | at (| e & Daytime Telephone Ni | |
| (Name of Person) | (Area Coo | e & Daytime Telephone Ni | unper) |
| | | | |
| STREET ADDRESS: | MAIL | ING ADDRESS: | |
| Registration Section | | ation Section | |
| Division of Corporations | _ | n of Corporations | |
| 409 E. Gaines Street | | ox 6327 | |
| Tallahassee, Florida 32399 | | ssee, Florida 32314 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:.

Vineyards Investment, LLC

ARTICLE II - Address:

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

| I I III CIGAI CIII CE I I I I I I I I I I I I I I I | Princi | pal Office | Address: |
|---|--------|------------|----------|
|---|--------|------------|----------|

| Mailing | Address: |
|---------|----------|
|---------|----------|

| 6001 | <u>Par</u> k | of | Co | mmerce | Blvd. | 2 | Ste. | 200 | |
|------|--------------|------|-----|--------|-------|---|------|-----|--|
| Boca | Rator | 1.] | 97. | 33487 | | | | | |

| 6001 | Park c | of Co | mmerce | Blvd., | Ste. | 200 |
|------|--------|-------|--------|--------|------|-----|
| Boca | Raton, | FL | 33487 | | _ | |
| | | | | | ~ | |

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

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

Ron Trautman

Name

6001 Park of Commerce Blvd., Ste. 200

Florida street address (P.O. Box NOT acceptable)

Boca Raton

FL

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..

Registered Agent's Signature

(CONTINUED)

| Title: | Name and Address: |
|-------------------------------|---|
| "MGR" = Manager | |
| "MGRM" = Managing Member | |
| Manager | Richard Melland |
| | 6001 Park of Commerce Blvd., Ste. |
| | Boca Raton, FL 33487 |
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| (Use attachment if necessary) | |
| NOTE: An additional auticle m | not be added if an established |
| NOTE: An aumitonal afficie m | ust be added if an effective date is requested. |
| REQUIRED SIGNATURE: | |
| | |
| | |
| Signature of a m | nember or an authorized representative of a member. |
| | |
| (In accordance w | ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury |
| that the facts star | ed heroin are true.) |
| Kaney | the Deserge |
| | Typed or printed name of signee |
| | Filing Fees: |
| | \$109.00 Filing Fee for Articles of Organization |
| | \$ 25.00 Designation of Registered Agent |
| | \$ 30.00 Certified Copy (Optional) |

Page 2 of 2