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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : INCORPORATETIME.COM, INC.
Account Number : I19990000221
Phone : (631) 224-9004
Fax Number : (631) 589-2848

LIMITED LIABILITY COMPANY

MEDALWORKS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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10-28-03

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I: NAME:

The name of the Limited Liability Company is:

MEDALWORKS LLC

ARTICLE II: ADDRESS:

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

1401 SW 53rd LANE, CAPE CORAL, FL 33914

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE:**

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

DIANE MEDAL
1401 SW 53rd LANE
CAPE CORAL, FL 33914

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

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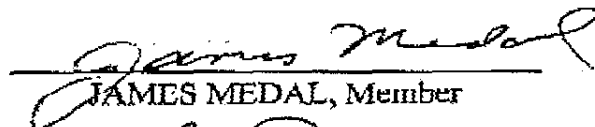
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ARTICLE IV: MANAGEMENT (Check if applicable).

_____ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

ARTICLE V: The initial member(s) of the Limited Liability Company is/are as follows:

JAMES MEDAL 1401 SW 53rd LANE, CAPE CORAL, FL 33914
DIANE MEDAL 1401 SW 53rd LANE, CAPE CORAL, FL 33914


JAMES MEDAL, Member


DIANE MEDAL, 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.)

JAMES MEDAL, Member
DIANE MEDAL, Member

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