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| (Requestor's Name) | |
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| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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RICKEY L. FARRELL, ATTORNEY AT LAW, P.A.

1595 SE PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FLORIDA 34952 (772) 335-5455 (772) 337-3485 FAX

November 3, 2003

State of Florida Secretary of State Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

RE: Down East Imports, L.L.C.

Dear Sir or Madam:

Enclosed herewith are an original and one copy of the Articles of Organization and acceptance by Registered Agent. Please file the original in your offices and certify and return to us a certified copy.

I am enclosing a check in the amount of \$125,00, which covers the filing fees, certified copy fees and the registered agent designation fees. Thank you for your cooperation in this matter.

Sincerely,

Tiffany N. Gonsalves, CLA Certified Legal Assistant

Enc.

ARTICLES OF ORGANIZATION

OF

DOWN EAST IMPORTS, L.L.C.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE I - NAME

The name of this limited liability company is Down East Imports, L.L.C.

ARTICLE II - DURATION

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - ADDRESS

The mailing address and street address of the principal office of the Company shall be 6800 N.E. 22nd Way, Apt. 2102, Fort Lauderdale, Florida 33308.

ARTICLE IV - MANAGEMENT

Management of the Company shall be reserved to the Members. The Managing Member shall be Hidden River, Inc., a Florida corporation. The Member(s) of the Company are as follows:

Hidden River, Inc. 639 Hidden River Drive Port St. Lucie, Florida 34983

ARTICLE V – ADDITIONAL MEMBERS

Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

ARTICLE VI -SURVIVORSHIP

In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

ARTICLE VI - REGISTERED AGENT

The street address of the initial registered agent of the Company is Rickey L. Farrell, 1595 SE Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.

| Managing Member: | Hidden River, Inc., a Florida corporation BY: Lucy J Sum |
|------------------|--|
| | BY: summy from |
| | Timothy F. Burns, its President |

STATE OF FLORIDA **COUNTY OF ST. LUCIE**

| County set forth above, personal | lly appeared Timothy | ake acknowledgments in the State and F. Burns, as President of Hidden River |
|--|----------------------|--|
| Inc., who has produced | | as identification or who is |
| personally known to me and who acknowledged before me that he | ~ | ing Articles of Organization, and he s of Organization. |
| IN WITNESS WHEREOF | . I have set my hand | and seal in the State and County above |

(SEAL)

Notary Public State of Florida at Large

Printed Signature: Tiprous N. 600sches My Commission No:

My Commission Expires:

Tiffany N. Gonsalves
MY COMMISSION # CC885674 EXPIRES Novembet 7, 2003 BONDED THRU TROY FAIN INSURANCE, INC.

this 21 day of October 2003.

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.

Registered Agent

STATE OF FLORIDA **COUNTY OF ST. LUCIE**

| BEFORE ME, a Notar | y Public authorized to take acknowledgments in the State and |
|--------------------------------|--|
| County set forth above, person | nally appeared Rickey L. Farrell, who has produced |
| n/~ | as identification or who is personally known to me and who |
| executed the foregoing Article | s of Organization, and he acknowledged before me that he |
| executed the Articles of Organ | nization. |
| | |

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 21 day of October, 2003.

(SEAL)

Tiffany N. Gonsalves MY COMMISSION # CC885674 EXPIRES November 7, 2003 BONDED THRU TROY FAIN INSURANCE, INC.

Notary Public State of Florida at Large

Printed Signature: TIFFANY N. Consalves

My Commission No: My Commission Expires: