

103000045349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

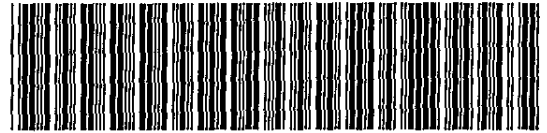
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

11/18/03
[Signature]

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Nevada Corporate Center, Inc.

1151 Airport Road, Suite 2
Minden, Nevada 89423

775-782-2201 - Main
877-683-9343 (Toll Free)
775-782-2611 FAX
775-345-6600 - Cammie's Direct Line
775-322-6993 - Cammie's Direct Fax

November 11, 2003

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

Re: FL Ventures LLC

Dear Clerk:

Enclosed for filing please find original and one copy of Articles of Organization for the above-captioned company. Once filed, please return conformed copy at your earliest opportunity. For your convenience I have enclosed a Federal Express return airbill.

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to give me a call.

Sincerely,



Cammie Warburton
Account Representative

:cw
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

FL VENTURES LLC

ARTICLE II - Address:

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

Principal Office Address:

7020 BURNWAY DRIVE

ORLANDO, FL 32817

Mailing Address:

1151 AIRPORT ROAD, SUITE 2

MCDEN, NV 89423

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

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

Karen Maller

Name

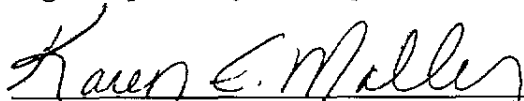
1 Progress Plaza, Suite 1210

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

St. Petersburg FLORIDA 33731

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, Florida Statutes..



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

James D. Sebastiano
1290 Bay Dale Drive
Arnold, MD 21012

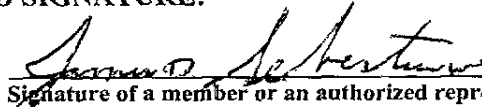
MGRM

Georgia L. Sebastiano
1290 Bay Dale Drive
Arnold, MD 21012

(Use attachment if necessary)

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.)

JAMES D. SEBASTIANO
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)