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TRANSMITTAL LETTER

•	gistration Section vision of Corporations			
SUBJECT:	Memory Lane Classics LLC (Name of Limited Liability Company)			
The enclose	ed Articles of Organization and fee(s) are submitted for filing.			
	Please return all correspondence concerning this matter to the following:			
Barbara Verdung and or Scott Verdung				
	(Name of Person)			
	Memory Lane Classics LLC ω 03-3/652			
(Firm/Company)				
235	0 North Military Trail Suite 401-D			
(Address)				
	West Palm Beach, Florida 33409 (City/State and Zip Code)			
For further	information concerning this matter, please call:			
Barbara V	Verdung and orScott Verdung at (561) 792-4688 (Name of Person) (Area Code & Daytime Telephone Number)			

STREET ADDRESS:

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

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 29, 2003

BARBARA VERDUNG AND OR SCOTT VERDUNG MEMORY LANE CLASSICS LLC 2350 NORTH MILITARY TRAIL SUITE 401-D WEST PALM BEACH, FL 33409

SUBJECT: MEMORY LANE CLASSICS

nailed 11/14/03

Ref. Number: W03000031652

We have received your document for MEMORY LANE CLASSICS and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Only one registered agent can be listed for your company; please correct Article III and the signature line to show only one agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 403A00058872

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
MEMORY LANE CLASSICS LLC		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is	,:
Principal Office Address:	Mailing Address:	
2350 N. Military Trail, Suite 401-D	Same	
West Palm Beach, Fl 33409		
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re		
		<i>.</i>
Barbara Verdung	≥ 0	i. [
Name	O3 NOV 19	R N
14285 Stroller Way		
Florida street address (P.O.	Box NOT acceptable)	3
Wellington,	FLORIDA 33414	Ť
City, State, ar		

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..

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Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Barbara Verdung
	14285 Stroller Way
	Wellington,Florida 33414
MGRM	Edwin Verdung
	14285 Stroller Way
	Wellington, Florida 33414
MGRM	Scott Verdung
	14285 Stroller Way
	Wellington, Florida
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(Use attachment if necessary)	
(Ose attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
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REQUIRED SIGNATURE:	added if all effective date is requested.
Last 1	dung =
Lott Mi	
Signature of a member or an au	thorized representative of a member.
	thorized representative of a member. 108(3), Florida Statutes, the execution firmation under the penalties of perjury

Filing Fees:

Filing Fees:
\$100.00 Filing Fee for Articles of Organization

Scott Verdung

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee