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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY
CLICK CAPITAL LLC

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ARTICLES OF ORGANIZATION FOR

A Florida Limited Liability Company

ARTICLE I
NAME

The name of the Limited Liability Company is: CLICK CAPITAL LLC

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
3899 NW 7th St., Suite #203
Miami FL 33126

MAILING ADDRESS: P.O. BOX 668924
Miami FL 33166

ARTICLE III
MANAGEMENT

The Limited Liability Company is a manager-managed company to be managed by one or more managers.

ARTICLE IV
MEMBERS

The names of the initial members are as follows:
SHARIF BULA, MANAGING MEMBER
KELLY L. GUERRA, MEMBER

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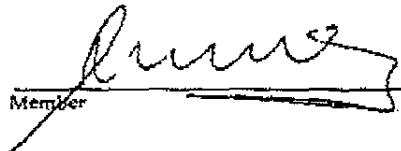
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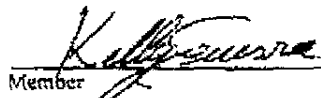
ARTICLE V
ADMISSION OF NEW MEMBERS

The members shall not have the right to admit new members to the Limited Liability Company. New members may come into the Limited Liability Company only upon the unanimous written agreement of all of then members of the Limited Liability Company.

Date this 2 day of December 03


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 states herein are true.)


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(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 states herein are true.)

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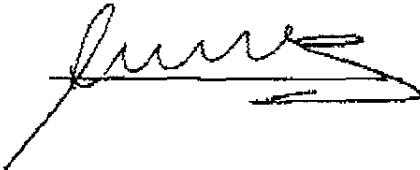
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ARTICLE VI
REGISTERED AGENT AND REGISTERED OFFICE

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

SHARIF BULA
3899 NW 7th Street., Suite #203
Miami FL 33126
MAILING ADDRESS:
P.O. BOX 668924
MIAMI FL 33166

Having been named as registered agent and to accept services 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 a registered agent, as provided for in Chapter 608, Florida Statutes.



December 2, 2003
Date

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TALLAHASSEE, FLORIDA

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