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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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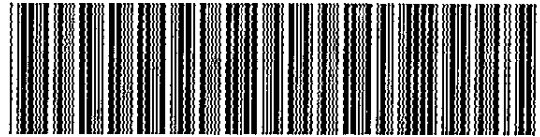
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IRWIN I. SKOLLER

TAX CONSULTANT
5884 FOREST GROVE DRIVE
UNIT 4
BOYNTON BEACH, FLA 33437

E-MAIL ADDRESS: irwintaxman@aol.com

FAX NUMBER
561-737-5035

TELEPHONE
561-752-9257

November 21, 2003

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

Re: Mesika Woodworking, LLC

Gentlemen:

Enclosed please find my Transmittal Letter and Articles of Organization for Florida Limited Liability Company of Mesika Woodworking, LLC>

In addition, I enclose an extra copy of the Articles of Organization and my check in the amount of \$160.00 to cover the cost of the filing fees, designation of registered agent, certified copy of Articles of Organization and for a Certificate of Status.

If you have any questions, please do not hesitate to contact this office.

Very truly yours,



Irwin I. Skoller

IIS/bd
Enclosures

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MESIKA WOODWORKING, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRWIN I. SKOLLER
(Name of Person)

IRWIN I SKOLLER, TAX CONSULTANT
(Firm/Company)

5884 FOREST GROVE DRIVE, UNIT 4
(Address)

BOYNTON BEACH, FLORIDA 33437
(City/State and Zip Code)

For further information concerning this matter, please call:

IRWIN I. SKOLLER at (561) 752-9257
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MESIKA WOODWORKING, LLC

ARTICLE II - Address:

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

Principal Office Address:

1300 NW 94th AVENUE

SUNRISE, FLORIDA 33322

Mailing Address:

1300 NW 94th AVENUE

SUNRISE, FLORIDA 33322

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

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

IRWIN I. SKOLLER

Name

5884 FOREST GROVE DRIVE, UNIT 4

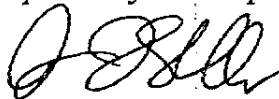
Florida street address (P.O. Box NOT acceptable)

BOYNTON BEACH

FLORIDA 33437

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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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

NISIM MESIKA

1300 NW 94th AVENUE

SUNRISE, FLORIDA 33322

(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.)

NISIM MESIKA

Typed or printed name of signee

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)

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