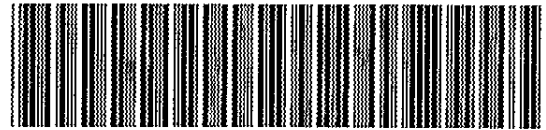


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

C. KIESS PLEEGOR, L.L.C.
(Name of Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

RICHARD GRANDE, ESQ.
(Name of Person)

(SAME)

(Firm/Company)

489 N.E. 95TH STREET

(Address)

MIAMI SHORES, FL. 33138-2729.

(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD GRANDE

(Name of Person)

at (305) 418-3008

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

C. KIESS PFLEEGOR, L.L.C.

03 DEC 22 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

15184 EAST LOCH ISLE DRIVE
MIAMI LAKES, FL.
33014-2085

Mailing Address:

15184 EAST LOCH ISLE DRIVE
MIAMI LAKES, FL.
33014-2085

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

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

C. KIESS PFLEEGOR
Name

15184 EAST LOCH ISLE DRIVE
Florida street address (P.O. Box NOT acceptable)

MIAMI LAKES, FL. 33014-2085
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, F.S..

C. KieSS Pfleegor

Registered Agent's Signature

(CONTINUED)

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

C. KIESS FLEEGOR
15184 EAST LOCHISTLE DRIVE
MIAMI LAKES, FL. 33014-2085

(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.)

C. KIESS FLEEGOR

Typed or printed name of signer

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)