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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

LIMITED LIABILITY COMPANY

LISA HAHN & ASSOC., L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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JP 29-04

**ARTICLES OF ORGANIZATION
FOR
LISA HAHN & ASSOC., L.L.C.**

ARTICLE I

NAME: The name of the Limited Liability Company is:

LISA HAHN & ASSOC., L.L.C.

ARTICLE II

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

879 Kingsbridge Drive
Oviedo, Florida 32765

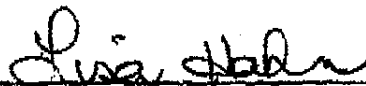
ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S

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

LISA HAHN
879 Kingsbridge Drive
Oviedo, FL 32765

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

APPROVED
AND
FILED
06 JAN 28 11 36 AM
SECRETARY OF STATE
ALL AGENTS

ARTICLE IV

MANAGER(S) OR MANAGING MEMBER(S):

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

Lisa Hahn, Mgrm.
879 Kingsbridge Drive
Oviedo, FL 32765



LISA HAHN, MGRM.

(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.)

LISA HAHN, MGRM.
Printed name of Signee

APPROVED
AND
FILED
04 JAN 28 PM 8:40
SECRETARY OF
TALLAHASSEE COUNTY