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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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ACCOUNT NO. : 072100000032

REFERENCE : 487241 4327236

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 125.00

ORDER DATE : March 10, 2004

ORDER TIME : 2:45 PM

ORDER NO. : 487241-005

CUSTOMER NO: 4327236

CUSTOMER: Kathleen A. Chyna
Gardner Carton & Douglas

Suite 3700
191 North Wacker Drive
Chicago, IL 60606-1698

DOMESTIC FILING

NAME: OHANA LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Ohana LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
801 West Martin Luther King Blvd.	same
Ste. 2	
Tampa, FL 33603	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Ruth Orta
Name

801 West Martin Luther King Blvd., Ste.2
Florida street address (P.O. Box NOT acceptable)

Tampa FLORIDA 33603
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.

Ruth Orta
By: Ruth S Orta X
Registered Agent's Signature

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	Robert Orta, D.D.S. 801 West Martin Luther King Blvd. Tampa, FL 33603
MBR	Ruth Orta 801 West Martin Luther King Blvd. Tampa, FL 33603

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE: Robert Orta

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.)

By: Robert Orta, D.D.S, Managing member
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)