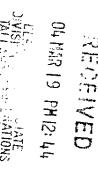


(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	<u></u>
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only







ACCOUNT NO. : 072100000032 REFERENCE : 506922 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: March 18, 2004 ORDER TIME : 10:34 AM ORDER NO. : 506922-005 CUSTOMER NO: 4331840 CUSTOMER: Mr. Jerry Persampieri Barash, Friedman, Friedberg & Adasko 4th Floor 381 Park Avenue South New York, NY 10016-8806 DOMESTIC FILING BLOOMS, LLC NAME: XX ___ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY _ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: TROY TODD- EXT. 2940

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	O & C.
BLOOMS, LLC	F.S. F.
ARTICLE II - Address:	THE STATE OF
The mailing address and street address of the principal street.	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
C/O ANTHONY HOUGHTON	C/O ANTHONY HOUGHTON
5280 NORTH OCEAN DRIVE	5280 NORTH OCEAN DRIVE
SINGER ISLAND FL 33404	SINGER ISLAND FL 33404
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the registered MAYER	
Name	· · ·
C/O ANTHONY HOUGHTON 5280	
Florida street address (P.O. Be	ox <u>NOT</u> acceptable)
SINGER ISLAND	FLORIDA 33404
City, State, and 2	Lip .

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..

Corporation Service Company

By: Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	ROBERT MAYER	
	C/O ANTHONY HOUGHTON 5280 NORTH OCEAN DRIV	ß
	SINGER ISLAND FL 13404	
MGR	MARY MAYER	
	C/O ANTHONY HOUGHTON 5280 NORTH OCEAN DRIV	K
	SINGER ISLAND FL 33404	
(Use attachment if necessary)		
NOTE: An additional article must b	e added if an effective date is requested.	
REQUIRED SIGNATURE: ↓	\mathbb{V}	
	· ·	
Signature of a member of an	authorized representative of a member.	
(In accordance with showing 60	8.40B(3), Piorida Statutes, the execution	
of this document constitues an	affirmation under the penalties of perjury true,)	
that the facts stated helpin are	true,)	
By: JERRY PERSAMPIERI		

Typed or printed name of signes

Filing Fees:
\$190.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)