104000025856

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
CCAUS						

Office Use Only



300030866493



03/24/04--01062--011 **160.00

04 M32 24 F412: 42

Transmittal Letter

	AWZBLAU ASSOCIATES, LLC poposed limited liability company name - must include suffix)						
(11)	posed minica hability company hame - mase merade summy						
Enclosed is an original	and one (1) copy.						
Filing fee for articles of	f organization of Florida Limited Liability Company:						
	Filing fee for Articles of Organization Designation of Registered Agent						
additional \$5 if a certif	rement will be issued free of charge upon filing. Please submit an ficate of status is needed. The fee for a certified copy is \$30. eck for the total amount made payable to the Florida e. PLEASE SEND:						
	CERTIFICATE OF STATUS 15 00. TOTAL 4 160 00						
	TOTAL 4160 00						
FROM:	CARL FRANZBLAU Name (Printed or typed)						
Albo QUARWIUM LAKES DC, SUITE 203 Address							
BOJNTON BEACH, FL, 3342L City, State & Zip							
	561- 733-5354						

Daytime Telephone number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Franzblau Associates, LLC

ARTICLE II - Address:

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

2500 Quantum Lakes Dr, Suite 203

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

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

Carl	Franzblau	
5313	Name Angel Wing Dr	
Flo	rida street address (P.O. B	ox NOT acceptable)
Boyn	ton Beach	33426
	City, State, an	d 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.

Registered Agends Signature

Article IV -	Management	(Check b	ox if	applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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.)

Carl Franzblau

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)