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Florida Department of State
Division of Corporations
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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

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STATE OF FLORIDA
TALLAHASSEE

**LIMITED LIABILITY COMPANY
PARTNER INVESTMENTS LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

Name

PARTNER INVESTMENTS LLC

ARTICLE II

Principal Address and Mailing Address

10917 NW 73 rd Terrace
Miami, FL 33178

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature

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

SOL PEREZ

Name

10917 NW 73 RD Terrace

Florida street address

Miami, FL 33178

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..


Registered Agent's Signature

(CONTINUED)

ARTICLE IV

Manager(s) or Managing Member(s):

The name and address of each Managing is as follows:

Title

Name and Address:

MGRM

SOL PEREZ
10917 NW 73 rd Terrace
Miami, FL 33178

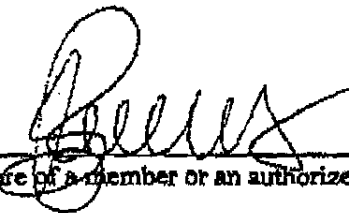
MGRM

Gisela Tillman
10917 NW 73 rd Terrace
Miami, FL 33178

2001 MAR -6 A 10:54
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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.)

GISELA TILLMAN

Typed or printed name of signee