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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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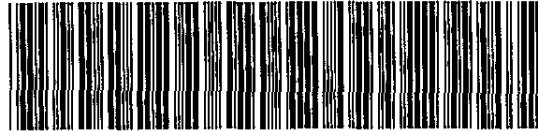
(Business Entity Name)

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CLERK OF STATE
DIVISION OF CORPORATIONS

5 05/05/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MITCHLO, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mitchell A. Sherman, Esq.
(Name of Person)

Law Offices of Mitchell A. Sherman, P.A.
(Firm/Company)

1301 N. Congress Avenue, Suite 210
(Address)

Boynton Beach, Florida 33426
(City/State and Zip Code)

For further information concerning this matter, please call:

Mitchell A. Sherman, Esq. at (561) 738-1202
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

MITCHLO, LLC

ARTICLE II - Address:

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

Principal Office Address:

601 N. Congress Avenue

Suite 424

Delray Beach, Florida 33445

Mailing Address:

601 N. Congress Avenue

Suite 424

Delray Beach, Florida 33445

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

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

Mitchell Levin

Name

601 N. Congress Avenue, Suite 424

Florida street address (P.O. Box NOT acceptable)

Delray Beach FLORIDA 33445

City, State, and Zip

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DIVISION OF STATE
CLERK OF CORPORATIONS

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

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:

MGR

Mitchell Levin

601 N. Congress Avenue, Suite 424

Delray Beach, FL 33445

(Use attachment if necessary)

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

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.)

Mitchell Levin

Typed or printed name of signee

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

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)