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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : ZEBERSKY, PAYNE & KUSHNER, LLP

Account Number: 119980000065

Phone

: (954)989-6333

Fax Number

: (954)989-7781

LIMITED LIABILITY COMPANY

THE WIZMAN GROUP, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION OF THE WIZMAN GROUP, LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I --- Name:

The name of the Limited Liability Company is: THE WIZMAN GROUP, LLC

ARTICLE II - Address:

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

2960 NW State Road 7, Suite 102 Margate, Florida 33063

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

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

Mr. Emile Wizman 42301 S. Ocean Drive, #1503 Hollywood, Florida 33019

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.

Emile Wizman

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ARTICLE IV — Management

The Limited Liability Company will be a manager-managed company, and will be managed by a manager or managers who may be, but are not required to be, a member of the Limited Liability Company. The name and address of the manager who will serve as manager until the first annual meeting of members or until his successor is selected and qualified in accordance with the Operating Agreement or applicable law is:

ALAIN WIZMAN -3948 Fairway Lakes Drive Myrtle Beach, SC 29577 EMILE WIZMAN -2301 South Ocean Drive, #1503 Hollywood, FL 33021 PAUL WIZMAN -2960 N. State Road 7, Suite 102 Margate, FL 33063 IN WITNESS WHEREOF, I have signed these Articles of On affon and _, 2004 THE WIZMAN GROUP, LLC EMILE WIZMAN, Member STATE OF FLORIDA) SS; COUNTY OF BROWARD

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the state and county aforesaid to take acknowledgments personally appeared EMILE WIZMAN, to me known to be the person described in an who executed the foregoing Articles of Organization as a member, and he acknowledged before me that he executed the same for the purposes therein expressed.

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WITNESS my hand and off	ficial seal in the county and state last aforesaid this 30
day of <u>AOn'l</u> , 2004.	
MARYANN ZUCKER MY COMMISSION # CC 938489	NOTARY PUBLIC SUCK
EXPIRES: September 19, 2004 Bonsled Thru Holary Pusic Underwites	My Commission Expires:
	Print Name of Notary: Manyann Zucker
\	Print Title or Rank:

Serial Number of Notary:

Personally Known _____ or Produced Identification ____ Type of Identification Produced