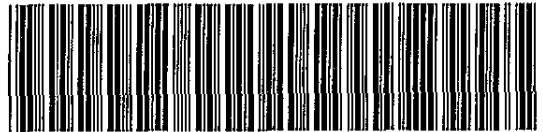


L04000037142

(Requestor's Name)

(Address)



400034426014

Dyotz Nikolai  
1589 SW Harbour Isles Cir  
PSC. FE 34986

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAY 18 2004

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I: NAME

The name of the limited Liability Company is: PYOTR NIKOLIN, LLC

**ARTICLE II: ADDRESS** The mailing address and street address of the principal office of the Limited liability Company is:

1589 Harbor Isles Circle  
Port St Lucie, FL 34986

### ARTICLE III: Registered Agent, Registered Office, & Registered Agent Signature:

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

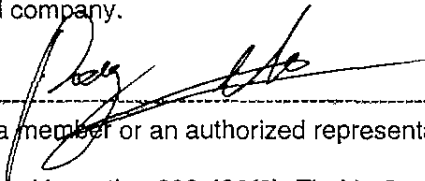
NAME:	PYOTR NIKOLIN
Florida Street Address;	1589 Harbor Isles Circle
City and State;	Port St Lucie, FL 34986

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

### ARTICLE IV: MANAGEMENT

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

  
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 penalty of perjury that the facts stated herein are true.)

PYOTR NIKOLIN  
Typed or Printed Name of Signee

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