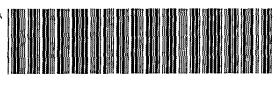
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TO : 1 7 1- YAM 1005 SECRETARY OF STATE ALLAHASSEE, LORIDA (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status Certified Copies ___ Special Instructions to Filing Officer:

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TRANSMITTAL LETTER MAY -7 P 1:07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

May 5, 2004

SUBJECT:

UNITED GOLFERS, LLC

(Articles of Organization)

Enclosed is an original and one (1) copy of the articles of Organization and a check for: \$ 155.00 Filling Fee, Registered Agent Fee, and Certified copy.

From: Jose N Correa

J.C. Accounting & Tax Services

2900 Glades Circle Suite 525

Weston, FL 33327

(954) 217-1207 Daytime Telephone number Fax (954) 217-1206

Thank You Jose N. Correa

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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2004 MAY -7 P 1: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

UNITED GOLFERS, LLC

ARTICLE II - Address:

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

Principal Office Address: 2500 WESTON RD. SUITE 105 WESTON, FLORIDA 33331 Mailing Address: 2500 WESTON R. SUITE 103 WESTON, FLORIDA 33331

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

JOSE	N	CORRI	EA			
			Name			
2900	GI	ADES	CIRCLE	SUITE	525	
F	lorid	la street	address (P.O.	. Box NOT	accer	stable)
WEST	NC		and 4	FLOR	RIDA	33327
		(City, State, ar	nd 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, Florida Statutes..

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	SECRETARY OF TALLAHASSEE. F	STATE LORIDA
MGR	OMAR JESUS DALL CORDERO 2940 PADDOCK ROAD	
	WESTON, FL 33331	 . <u>-</u>
IGRM	FRANCHISE INVESTMENT FUND, LLC	
· .	2500 WESTON RD. SUITE 103 WESTON, FL 33331	-
		e e e
(Use attachment if necessary)		-

REQUIRED SIGNATURE:

Signature of a member or ap 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.)

JOSE N CORREA

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)