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To: Division of Corporations
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From: Account Name : RICARDO A. ROIG, P.A.
Account Number : I20020000054
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LIMITED LIABILITY COMPANY

All Enterprises, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
ALF ENTERPRISES, LLC**

**ARTICLE I
NAME**

The name of the Limited Liability Company is Alf Enterprises, LLC., effective this ____ day of May, 2004.

**ARTICLE II
ADDRESS**

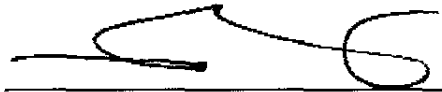
The mailing address and street address of the principal office of the Limited Liability Company is 10706 Lakeside Vista Drive, Riverview, Florida 33569.

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE,
AND REGISTERED AGENT'S SIGNATURE**

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

Ricardo A. Roig, P.A.
4023 North Armenia Avenue, Suite 400
Tampa, Florida 33607

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 in Chapter 608, F.S.



Registered Agent's Signature

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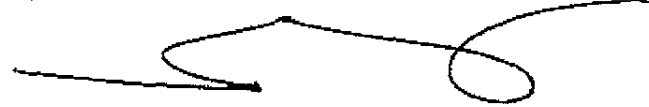
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**ARTICLE VI
MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company. The initial Managing Member's name and address are:

Christopher Alfien
10706 Lakeside Vista Drive
Riverview, Florida 33569



Signature of a member or 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.)

Ricardo A. Roig, Authorized Representative
Typed or printed name of signee

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