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(Requestor's Name)

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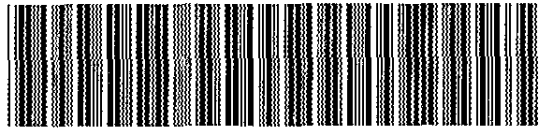
(Business Entity Name)

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**CAPITAL CONNECTION, INC.**

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559 Group LLC

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by:

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**ARTICLES OF ORGANIZATION  
OF  
559 GROUP, L.L.C.  
a Florida Limited Liability Company**

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**ARTICLE I. Name**

The name of the Limited Liability Company is: **559 GROUP, L.L.C.**

**ARTICLE II. Address**

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

**5202 Messina  
Lakeland, FL 33813**

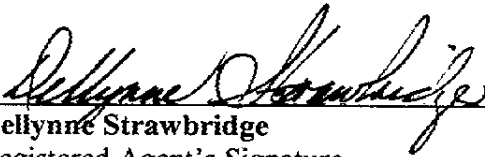
**ARTICLE III.**

**Registered Agent, Registered Office, & Registered Agent's Signature**

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

**Dellynne Strawbridge  
5202 Messina  
Lakeland, FL 33813**

*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.*


  
\_\_\_\_\_  
Dellynne Strawbridge  
Registered Agent's Signature

**ARTICLE IV. Management**

The Limited Liability Company is to be managed by managers and is, therefore, a managers-managed company. The name, mailing address, and street address of each such person who is to serve as manager is:

**Dellynne Strawbridge  
5202 Messina  
Lakeland, FL 33813**

Dated: May 26, 2004

By:   
**Dellynne Strawbridge  
Managing Member**