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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : CUMMINGS & LOCKWOOD
Account Number : 102336001100
Phone : (239) 649-3186
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

4FLYN LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

4FLYN LLC

ARTICLE I
Name

The name of this Limited Liability Company is 4FLYN LLC (the "Company").

ARTICLE II
Address

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

c/o Tom Maish
3629 Olde Cottage Lane
Bonita Springs, FL 34134

ARTICLE III
Duration

The period of duration for the Company is perpetual.

ARTICLE IV
Registered Office and Agent

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

CLASP Inc.
3001 Tamiami Trail North, 4th Floor
Naples, Florida 34103


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

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am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

CLASP Inc.
Registered Agent



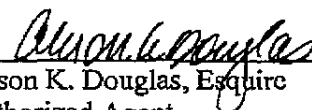
Scott W. Duval, Vice President

ARTICLE V
Management

The Company is to be managed by one or more managers. The name and address of the initial manager of the Company is as follows:

Tom Maish
3629 Olde Cottage Lane
Bonita Springs, FL 34134

Dated this 11th day of June, 2004.

By: 

Alison K. Douglas, Esquire
Authorized Agent

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(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.)

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