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## LAW OFFICES OF PETER N. MACALUSO

Criminal Law • Personal Injury : -? A 11: 49

Peter N. Macaluso
Lillian Garcia Kelly
CERTIFIED LETTER #7004 0550 0000 2474 8815
RETURN RECEIPT REQUESTED

B302 North Tampa Street Tampa, Florida 33603 (813) 251-2831 Facsimile (813) 228-7004

July 12, 2004

Registration Section Division of Corporations P.O. Box 6327, Tallahassee, Florida 32314

RE: MASTERSMART OPTIONS, L.L.C.

LIMITED LIABILITY COMPANY

Articles of Organization

Dear Sir or Madam:

Enclosed please find a transmittal letter with the form for filling Articles of Organization for Florida Limited Liability Company pursuant to section 608.406(2), Florida Statutes, along with a personal check in the amount of \$125.00 to cover the filing fees.

I will also be the registered agent for my client "MASTERSMART OPTIONS, L.L.C.", according to the articles adopted.

Thank you very much for your assistance and cooperation in this matter.

Yours Very Truly,

Peter N. Macaluso

PNM/ec

cc: Dr Abel Ochoa

## TRANSMITTAL LETTER

		THE EDITER	
	gistration Section vision of Corporations		EM.ED
SUBJECT:		L.C. I Liability Company)	2004 7103 -2 Alli 49
The enclose	d Articles of Organization and fee(s) are su	abmitted for filing.	
	Please return all corresponden	ce concerning this matter to the followin	g:
	Peter N. Macalus	o, Esq.	
	(N	lame of Person)	
	Law Offices of Po	eter N. Macaluso Firm/Company)	·····
	3302 North Tampa		
		(Address)	
	Tampa, Florida 3	3603	
	(City/s	State and Zip Code)	
For further i	information concerning this matter, please of	call:	
Eduardo	o Canas	at ( 813 ) 251-2831	
	(Name of Person)	(Area Code & Daytime Telephone Nu	imber)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FILES OF ORGANIZATION FOR THE OPIDAL LIMITED LIABILITY COME

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ARTICLE I - Name: The name of the Limited Liability Company is:	TELLY COMPANY AT -2 A II: 4	
MASTERSMART OPTIONS, L.L.C.		
ARTICLE 11 - Address: The mailing address and street address of the principal	al office of the Limited Liability Company i	
Principal Office Address:	Mailing Address:	
16106 Warden Place	16106 Warden Place	

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

Peter N. Macaluso

		Na	me		
3302	North	Tampa	Street	,	
Flo	rida street	address (	(P.O. Box ]	NOT accep	table)
		Tampa	. F	LORIDA	33603
		City, Sta	te, and 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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managir The name and address of each Manager of		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	ABEL OCHOA	
	16106 Warden Place, Tampa, Florida 33647	
MGRM	SANDRA OCHOA	
	16106 Warden Place, Tampa, Florida 33647	
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:		
	wa	
· ·	thorized 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.)		
ABEL O	nted name of signee	
Typed or prin	ited 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)