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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

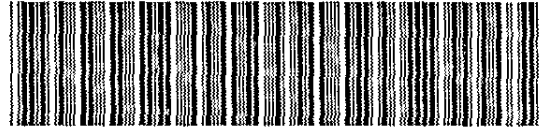
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SIX MONTHS LATE
TALLAHASSEE FLORIDA

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FILED



July 26, 2004

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

Dear Sir or Madam:

Attached please find the Transmittal Letter and Articles Of Organization for my client Jensen Zopatti Enterprises LLC.

I am Mr. Zopatti's accountant and he is out of Florida on a business trip. So, if you have any questions, please feel free to contact me on my cell phone at 678-234-8092.

Sincerely,


HANNAH FLYNN

HF/jp
Enc.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JENSEN ZOPATTI ENTERPRISES LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN ZOPATTI

(Name of Person)

JENSEN ZOPATTI ENTERPRISES LLC

(Firm/Company)

820 CINDY CIRCLE LANG

(Address)

WELLINGTON, FLORIDA 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

HANNAH FLYNN

(Name of Person)

at (678) 234-8092

(Area Code & Daytime Telephone Number)

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

FILED

04 AUG -2 AM 11:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION
FOR
JENSEN ZOPATTI ENTERPRISES LLC
A FLORIDA LIMITED LIABILITY COMPANY**

Article I

The name of the Limited Liability Company is:

Jensen Zopatti Enterprises LLC

Article II

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

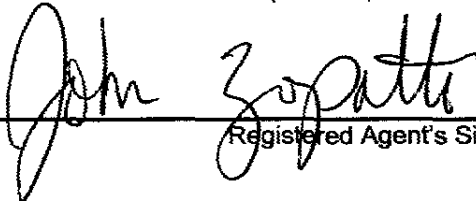
820 Cindy Circle Lane
Wellington, Florida 33414

Article III

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

John Zopatti
820 Cindy Circle Lane
Wellington, Florida 33414

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 the accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



Registered Agent's Signature

Article IV

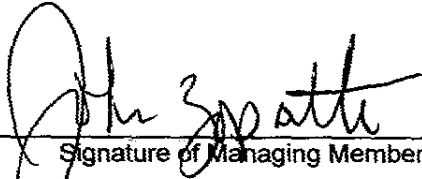
The name and address of the Managing Member is as follows:

Managing Member

John Zopatti
820 Cindy Circle Lane
Wellington, Florida 33414

Article V

The Managing Member, John Zopatti, is authorized to open a checking account in the name of Jensen Zopatti Enterprises LLC with full powers of signature.



Signature of Managing 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.)

John Zopatti
Managing Member
Jensen Zopatti Enterprises LLC