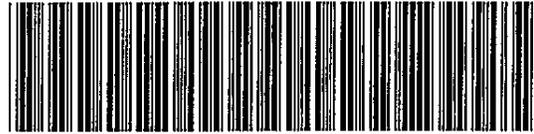


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SECRETARY OF STATE
(Requestor's Name) TALLAHASSEE, FLORIDA



700039115607

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R. C. PURCHASING AGENCY, L.L.C.
(Name of Limited Liability Company)

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2004 AUG -9 P 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

ROSSANA M. CAVALLINI
(Name of Person)

R. C. PURCHASING AGENCY, L.L.C.
(Firm/Company)

2101 ATLANTIC SHORES BLVD. APARTMENT # 317
(Address)

HALLANDALE, FLORIDA 33009
(City/State and Zip Code)

For further information concerning this matter, please call:

ROSSANA M. CAVALLINI at (305) 793-5877
(Name of Person) (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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

R. C. PURCHASING AGENCY, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

2101 ATLANTIC SHORES BLVD. APT. 317

HALLANDALE, FLORIDA 33009

Mailing Address:

2101 ATLANTIC SHORES BLVD.

APT. 317 HALLANDALE, FLORIDA

33009

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

ROSSANA M. CAVALLINI

Name

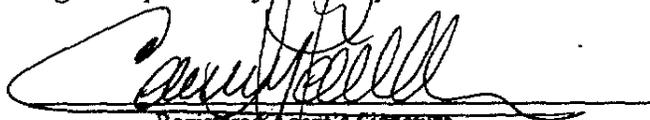
2101 ATLANTIC SHORES BLVD. #317

Florida street address (P.O. Box **NOT** acceptable)

HALLANDALE, FLORIDA 33009

City, State, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

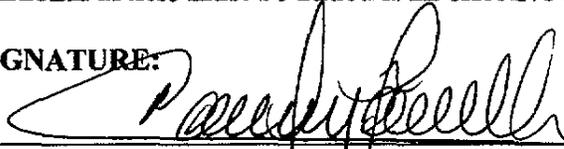
MGR _____

ROSSANA M. CAVALLINI
2101 ATLANTIC SHORES BLVD. #317
HALLANDALE, FLORIDA 33009

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an 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.)

ROSSANA M. CAVALLINI

Typed or printed 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)