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#### TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations SUBJECT:

(Name of Corporation)

#### DOCUMENT NUMBER:

The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

> Lynn H. Roberts (Name of Person) Metaglobo LLC (Name of Firm/Company) 4340 Mayfair Drive (Address) Coconut Grove, FL 33133 (City/State and Zip Code)

For further information concerning this matter, please call: Lynn H. Roberts at (305) 740-8020 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: \$35.00 Filing Fee XX \$43.75 Filing Fee & Certificate of Status □ \$43.75 Filing Fee & Certified Copy □□ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines Street Tallahassee, Florida 32314 Tallahassee, Florida 32399

## ARTICLES OF CORRECTION for METAGLOBAL LLC Document Number / Letter 304A000499242

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These Articles of Correction correct the name of the corporation which was misspelled in the Articles of Organization (Document Type) filed with the Department of State on Augusts 12, 2004.

Specify the inaccuracy, incorrect statement, or defect: Documents were filed with company spelled as: METAGLOBAL LLC

Correct the inaccuracy, incorrect statement, or defect: The correct spelling is METAGLOBO LLC

Signed by Lynn H. Roberts, Manager

Date: September 1, 2004

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

(Typed or printed name of person signing) (Title of person signing)
Filing

SCOREIANY OF STATE

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ALAND POR	
ALANAS CONDUCTOR	,

ARTICLE I - Name:

The name of the Limited Liability Company is:

METAGLOBAL LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
4240 Mayfair DR	P.O. Box 497
Colonus 6 now, FC. 33133	MIANI FR 33132 049

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Lynn Roberts
Name
4340 Mayfan Dr.
Florida street address (P.O. Box NOT acceptable)
Coconus Grove FLORIDA 33131
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

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Manag	
The name and address of each Manager	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	LYNN H. Roberts 48 40 MAYFAIR DR. CORONUT Grove, FC. 33133
MGR	HARIA- ELENA LOPEZ 430 GERONA AUR COTAL GABLES, FL 33146.2808
(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 a	uthorized representative of a member.
of this document constitutes an a that the facts stated herein are tr	
Lunn	4. Robert

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)

Typed or printed name of signee