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(Requestor's Name)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

Document
Examiner

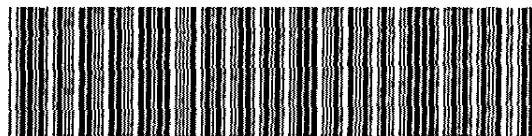
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Document

W. P. Verifier



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07/26/04--01032--023 **87.50

08/12/04--01003--012 **72.50

SECRET
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2004 AUG 12 A 11:06

FILED

04-25690

TRANSMITTAL LETTER

July 22, 2004

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

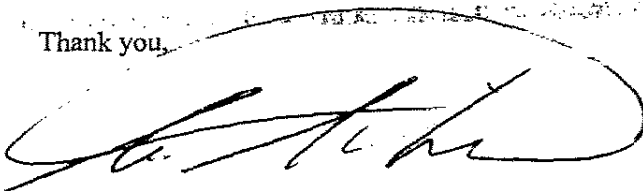
Subject: IONO1.COM LLC

(CLARIFICATION ~ Letter I, Letter O, Letter N, Letter O, Number 1)
(Pronounced I Owe No One)

To Whom It May Concern:

Enclosed are an original and two copies of the articles of incorporation and a check for \$87.50 to cover the cost of the Filing Fee, Certified Copy and Certificate of Status.

Thank you,



Amnon I. Schweitzer

Incorporator

P.O. Box 451178

Sunrise, FL 33345-1178

Phone: 954.818.6397

SEP 1 2004
A 11:06
ED
OFFICE OF THE
CLERK OF THE
STATE OF FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 27, 2004

AMNON I. SCHWEITZER
PO BOX 451178
SUNRISE, FL 33345-1178

SUBJECT: IONO1.COM, LLC
Ref. Number: W04000028690

We have received your document for IONO1.COM, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6929.

Justin M Shivers
Document Specialist
New Filings Section

Letter Number: 504A00047151

IONO1.COM

Registration Section
Division of Corporations
409 E. Gaines Street P.O. Box 6327
Tallahassee, Florida 32399 Tallahassee, Florida 32314

TO: Registration Section
Division of Corporations

SUBJECT:

IONO1.COM LLC

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

A check in the amount of \$87.50 was sent and received by the department. Please refer to the attached letter from Mr. Justin Shivers. A supplemental check in the amount of \$72.50 is attached to cover all costs for Filing Fees, Designation of Registered Agent, a Certified Copy and a Certificate of Status.

Please return all correspondence concerning this matter to the following:

AMNON I. SCHWEITZER

(Name of Person)

IONO1.COM

(Firm/Company)

P.O. BOX 451178

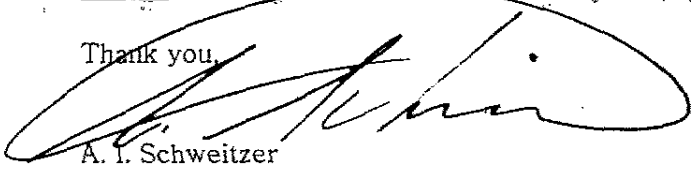
(Address)

SUNRISE, FL 33345-1178

(City/State and Zip Code)

For further information concerning this matter, please call: Andy Schweitzer
at (954) 818-6397.

Thank you,


A. I. Schweitzer

**ARTICLES OF ORGANIZATION
FOR IONO1.COM LLC
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

IONO1.COM LLC

ARTICLE II - Address:

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

Principal Office Address:

1560 Sawgrass Corporate Parkway, 4th FL
Sunrise, FL 33323

Mailing Address:

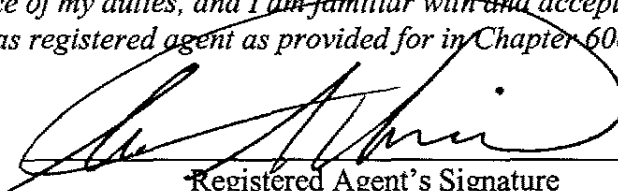
P.O. BOX 451178
Sunrise, FL 33345

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

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

Trustmark Plan Administration, Inc.
1560 Sawgrass Corporate Parkway, 4th Floor,
Sunrise, FL 33323

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 Managing Member(s):

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

(Use attachment if necessary)

MGR

Amnon I. Schweitzer

P.O. Box 451178

Sunrise, FL 33345-1178

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.)

Amnon I. Schweitzer

Typed or printed name of signee

FILED
2004 AUG 12 11:06
TALLAHASSEE
SECRETARY OF STATE