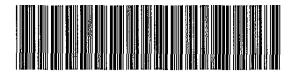
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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CORPDIRECT AG 103 N. MERIDIAN TALLAHASSEE, F 222-1173	STREET, LOW	me ER	rly CCRS) LEVEL			
FILING COVER ACCT. #FCA-14			·			
CONTACT:	CINDY					
DATE:	8-30-04					
REF. #:	001260.2955	4				
CORP. NAME:	Rolando C	ab	orera, LLC			
() ARTICLES OF INC	CORPORATION	() ARTICLES OF AMENDMENT		() ARTICLES OF DISSOLUTION	
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK		() FICTITIOUS NAME	
() FOREIGN QUALI	FICATION	•) LIMITED PARTNERSHIP		(XX) LIMITED LIABILITY	
() REINSTATEMENT) MERGER		() WITHDRAWAL	
() CERTIFICATE OF () OTHER:	CANCELLATION				GL AUG 29 SECHETAY TALLAHASSE	TILL
STATE FEES P FILINGS.	REPAID W	[T]	H CHECK# <u>43429</u> FOR \$ <u>21</u> ,	<u>,50</u>	00.00. TO BE APPLIED TO 164	t
AUTHORIZAT	ION FOR A	CC	COUNT IF TO BE DEBITE	D	:	
			COST LIN	M	IT: \$	
PLEASE RETU	RN:					

(XX) PLAIN STAMPED COPY

Examiner's Initials

() CERTIFICATE OF STATUS

() CERTIFIED COPY () CERTIFICATE OF GOOD STANDING

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

D LIABILITY COMPANY		
:		
principal office of the Limited Liability Company is:		
Mailing Address:		
2774 FAIRBROOK ST		
NORTH PORT, FL 34287		
ed Office, & Registered Agent's Signature:		
registered agent are:		

NORTH PORT, FL 34287

City, State, and Zip

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

Having been named as registered agent and to accept service of process for the above stated lightly 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 Agents Stangture

Page 1 of 2 (CONTINUED)

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	ROLANDO CABRERA
MGRM	2774 FAIRBROOK ST
	NORTH PORT, FL 34287
(Use attachment if necessary)	
NOTE: An additional article must be added if an e	effective date is requested.
REQUIRED SIGNATURE:	WE SE ST
Signature of a member or an authorized pro-	ntative of a member.
(In accordance with section 608,408(3), of this document constitutes an affirmati that the facts stated herein are true.)	
ROLANDO CABRERA	

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)