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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

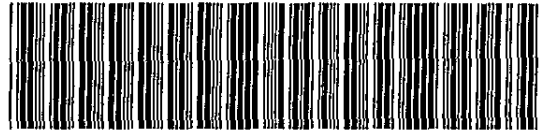
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STEVEN A. SCIARRETTA, P.A.
ATTORNEYS AT LAW

KAREN M. SCIARRETTA
STEVEN A. SCIARRETTA
'LL.M. IN TAXATION

GLADES TWIN PLAZA
2300 Glades Road, Suite 302E
Boca Raton, Florida 33431
TELEPHONE: (561) 368-7978
TOLL FREE: (800) 545-8454
TELEFAX: (561) 368-8502

Asset Protection
Business and Taxation Planning
Probate Administration
Trusts and Estate Planning

VIA 2-DAY UPS

September 1, 2004

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: O & E Partners, LLC

Dear Sir/Madam:

Please find enclosed for filing in duplicate Articles of Organization, for the above referenced Limited Liability Company.

Also enclosed is our check for \$155.00, made payable to the Florida Department of State, which represents the \$100.00 filing fee, \$25.00 Designation of Registered Agent fee and \$30.00 Certified Copy fee.

Please return the completed paperwork to me utilizing the enclosed Pre-paid UPS envelope.

Thank you for your prompt cooperation.

Sincerely,

STEVEN A. SCIARRETTA, P.A.

Steven A. Sciarretta

SAS/dc
Enclosures

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

ARTICLE I - NAME

The name of the Limited Liability Company ("Company") is: **O & E Partners, LLC**

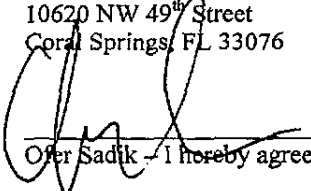
ARTICLE II - PRINCIPAL ADDRESS

The mailing address and street address of the principal place of business of the Company is:
c/o Ofer Sadik, 10620 NW 49th Street, Coral Springs, FL 33076

ARTICLE III - REGISTERED AGENT

The name and the Florida street address of the Registered Agent are:

Ofer Sadik
10620 NW 49th Street
Coral Springs, FL 33076



Ofer Sadik - I hereby agree to act as Registered Agent

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who are to serve as manager(s) is/are:

Ofer Sadik
10620 NW 49th Street
Coral Springs, FL 33076



Ofer Sadik

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