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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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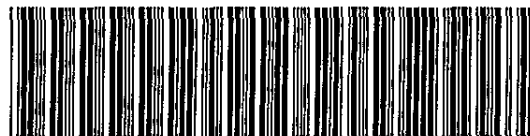
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN SEP 21 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D.L.T.M. ENTERPRISES, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

MOREL ANGRAND

(Name of Person)

D.L.T.M. ENTERPSISES, LLC

(Firm/Company)

1472 N.E. 150th Street

(Address)

Miami, Florida 33161-2641

(City/State and Zip Code)

For further information concerning this matter, please call:

Audieu Petit Frere at (305) 919-0797
(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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
2004 SEP 20 PM 3:23
JULIENNE CORPORATION
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

D.L.T.M. ENTERPRISES, LLC

ARTICLE II - Address:

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

Principal Office Address:

1472 N.E. 150th Street

Miami, Florida 33161-2641

Mailing Address:

1472 N.E. 150th Street

Miami, Florida 33161-2641

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

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

Morel Angrand

Name

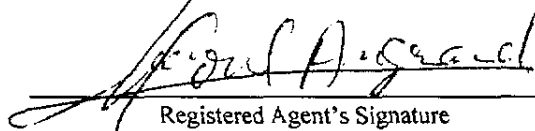
1472 N.E. 150th Street

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

MIAMI, FLORIDA 33161-2641

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

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:

Managing Member

Audieu Petit Frere

1472 n.e. 150th Street

Miami, Florida 33161-2641

Managing Member

Morel Angrand

2255 N.W. 119th Street

Miami, Florida 33161-3063

Managing Member

Ben Nira Louis

2402 W. Lake Ida Road

Delray Beach, Florida 33445

Managing Member

Marie L. Lucas

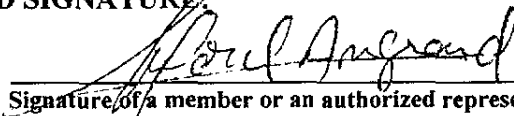
170 N.E. 17th Court

Boynton Beach, Florida 33435

(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.)

MOREL ANGRAND

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)

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JULY 2004 CORPORATIONS
TALLAHASSEE, FLORIDA