

LU40000 74220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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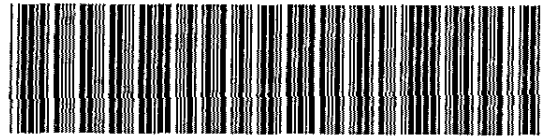
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RECEIVED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
04 OCT 13 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 924919 7106081

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 155.00

04 OCT 13 PM 4:23
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 13, 2004

ORDER TIME : 10:46 AM

ORDER NO. : 924919-005

CUSTOMER NO: 7106081

CUSTOMER: Stanley J. Mandel, Cpa
Stanley J. Mandel, Cpa

Suite A
20341 Old Cutler Road
Miami, FL 33189

DOMESTIC FILING

NAME: PRO-LURE, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

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

FILED
04 OCT 13 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pro-LURE, LLC

ARTICLE II - Address:

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

Principal Office Address:

7901 SW 197th Terr.

Miami, Fl. 33189

Mailing Address:

Same

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

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

Stanley J. Mandel CPA

Name

20341 Old Cutler Road Suite A

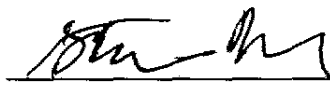
Florida street address (P.O. Box **NOT** acceptable)

Miami, Fl. 33189

FLORIDA

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:

MGR

Richard T. Jenkins

7901 SW 197 Terr.

Miami, Fl. 33189

MGRM

DC6, LLC

97501 Overseas Highway

Key Largo, Fl. 33037

MGRM

Kenn E. Yarina

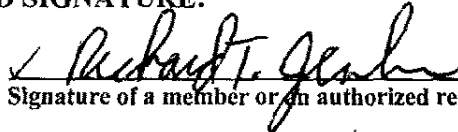
509 Hillswick Place

Wake Forest, NC 27582

(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.)

Richard T. Jenkins

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)