

Division of Corporations

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To:

Division of Corporations

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From:

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Account Number: 075007000700

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UNPAID LIABILITY TO COMPANY

MEMORANDUM FOR THE BOARD OF DIRECTORS

Certified Copy	1
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ARTICLE ONE OF ORGANIZATION OF:
'PACOCK INDUSTRIAL COMMERCIAL CENTER, LLC'

This document, pursuant to the provisions of Chapter 605 of the Florida Statutes, does hereby provide for the formation of Limited Liability Company, named as follows: the State of Florida and hereby certify that it is following:

ARTICLE II - NAME OF COMPANY:

The name of the Limited Liability Company, to be "Company", is 'PACOCK INDUSTRIAL COMMERCIAL CENTER, LLC'.

ARTICLE III - PRINCIPAL OFFICE AND MAILING ADDRESS:

The principal office of the Company is 645 SW 4th Street, Miami, FL 33135, and the mailing address of the Company is P.O. Box 430340, Miami, Florida 33234-0340.

ARTICLE IV - PERIOD OF EXISTENCE:

This Company shall exist perpetually.

ARTICLE V - MANAGEMENT:

This Company shall be managed or managed by Company, and the initial Manager is: ED MARTIN.

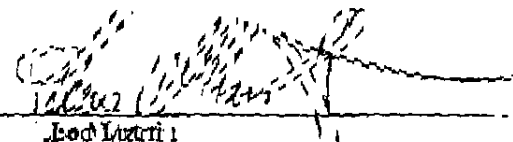
ARTICLE VI - PURPOSE:

The purpose of which the Company is organized is to engage in any and all business and activities permitted by the laws of the State of Florida. The Company shall have all the powers and authority of a Company organized and existing by the laws of the State.

ARTICLE VII - REGISTERED AGENT (AND) REGISTERED OFFICE:

The name and address of the initial registered agent for the Florida State of the Company is: NELLE BURELL, at 645 SW 4th Street, Miami, FL 33135.

IN WITNESS WHEREOF, the undersigned authorized representative of the Member of the Company has made and subscribed these Articles of Organization this 27th day of October 2004.


Ed Martin

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DECLARATION OF THE REGISTERED AGENT

I, the undersigned, being the registered agent of the above-mentioned Company in the place designated in the foregoing articles of Organization, I hereby accept such designation and represent to this effect, and I further represent to comply with the provisions of the Statute relative to the proper and complete performance of my duties as registered agent. I am familiar with, and accept these duties as prescribed by Section 60084-5 of the Benin Statute.

Signature:

[Signature] (Name Blurred)

Date: October 12, 2004

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