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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 947959 163317A

AUTHORIZATION : Patricia Pujato

COST LIMIT : $ 125.00

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ORDER DATE : October 28, 2004

ORDER TIME : 11:56 AM

ORDER NO. : 947959-005

CUSTOMER NO: 163317A

CUSTOMER: Paul D. Feinstein, Esq
Paul D. Feinstein, Esq.

Suite 1136
60 East 42nd Street
New York, NY 10165

DOMESTIC FILING

NAME: MARTHA SCHAEFFER FEINSTEIN LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Martha Schaeffer Feinstein LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
4707 S.E. 9th Place	4707 S.E. 9th Place
Cape Coral, FL 33904	Cape Coral, FL 33904

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Dan Lloyd
Name

4707 S.E. 9th Place
Florida street address (P.O. Box NOT acceptable)

Cape Coral FLORIDA 33904
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..

X
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:**
MGRM	Martha Schaeffer Feinstein 102 Sunnyside Dr. Yonkers, NY 10705

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Lynette Coleman

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.)

By: Lynette Coleman as its agent

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)