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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

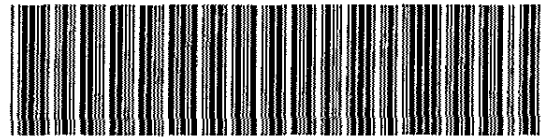
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2004 DEC -6 PM 2:49  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BITTNER DEC 10 2004

20858 Sonrisa Way  
Boca Raton, FL, 33433  
561-218-1777

November 30, 2004

Registration Section  
Division of Corporations

Dear Sir or Madam:

Please find the enclosed check and Articles of Organization for the following LLC. My contact information is as follows: Emily M. Echeverria, 20858 Sonrisa Way, Boca Raton, FL, 33433. My daytime phone number is 561-218-1777. Feel free to contact me should you need any further information.

Sincerely,



Emily M. Echeverria

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Exceptional Connections, 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:

Emily M. Echeverria  
(Name of Person)

Exceptional Connections, LLC  
(Firm/Company)

20858 Sonrisa Way  
(Address)

Boca Raton, Florida 33433  
(City/State and Zip Code)

For further information concerning this matter, please call:

Emily M. Echeverria at ( 561 ) 218-1777  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**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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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Exceptional Connections, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

20858 Sonrisa Way  
Boca Raton, FL 33433

**Mailing Address:**

20858 Sonrisa Way  
Boca Raton, FL 33433

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

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

Emily M. Echeverria

Name

20858 Sonrisa Way

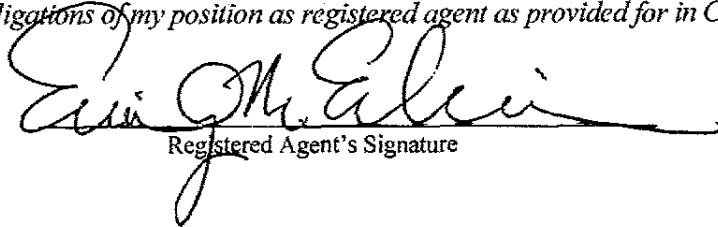
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton, FL, 33433

FL

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, F.S..*

  
Registered Agent's Signature

(CONTINUED)

**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

Emily M. Echeverria

20858 Sonrisa Way

Boca Raton, FL 33433

MGRM

Alfredo L. Echeverria

20858 Sonrisa Way

Boca Raton, FL 33433

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TALLAHASSEE, FLORIDA

(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.)

Emily M. Echeverria

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)