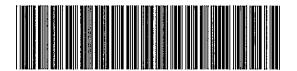
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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, CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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	-			<u> </u>	J. J. C.
				Art of Inc. File	
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				Foreign Corp. File	
				L.C. File	_
				Fictitious Name File	
				Trade/Service Mark	
				Merger File	_
				Art. of Amend. File	
				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	
				Cert. Copy	
				Photo Copy	
				Certificate of Good Standing	
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				Certificate of Fictitious Name	
				Corp Record Search	
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Walk-In	Will Pick Up			Courier	

* CAPITAL CONNECTION

ARTICLE I - Name:

850 222 1222

10/30 '03 16:14 NO.367 03/05

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: EZ 'KealTy	Enterprises, C
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit	ted Liability Company is:
Principal Office Address: Mailing Addres	<u>ss:</u>
4638 Preston Woods Dr. Same	
ARTICLE III - Registered Agent, Registered Office, & Registered A	gent's Signature:
The name and the Florida street address of the registered agent are:	AHA FE T
Nathaniel J. Zinno	285 8
4638 Preston Woods Dr.	PH 3:
Florida street address (P.O. Box NOT acceptable) Valricu FL 33594	: RIDA
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..

(CONTINUED)

Registered Agent's Signature

Received: 10/30/03 4:42PM;

850 222 1222 -> Griffin & Associates; Page 4

CAPITAL CONNECTION

850 222 1222

10/30 '03 16:15 NO.367 04/05

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Northaniel J. Zinno 463B Preston Wards Ur. Valrico, FL 33594
MGRM	Michael A. Eshack 4638 Reston Woods Dr. Valvico, FL 33594
<u> </u>	
(The effectionant if macroscopy)	
(Use attachment if necessary)	he added if an affective date is requested

NOTE: An additional article must be added it 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 in affirmation under the penalties of perjury that the facts stated herein are itue-)

Zinno

Typed or printed name of signce

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)