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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 233376 108581A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 125.00

ORDER DATE : March 2, 2005

ORDER TIME : 11:04 AM

ORDER NO. : 233376-005

CUSTOMER NO: 108581A

CUSTOMER: Gary Smigiel,esq
Gary Smigiel, L.c.

Po Box 540623

Lake Worth, FL 33457-1779

DOMESTIC FILING

NAME: MECCA-RYAN II, L.C.

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: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

Mecca-Ryan II, L. C.
P. O. Box 540669
Lake Worth, FL 33454
Tel.: (561) 968-3605 • Fax: (561) 968-3601

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05 MAR -2 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 1, 2005

Department of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MECCA-RYAN II, L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Smigiel, L.C.
Name
Mecca-Ryan II, L.C.
Company
P. O. Box 540669
Address

Lake Worth, FL 33454
City, State, Zip

For further information concerning this matter, please call:

Gary Smigiel at (561) 968-3605
Name of Person Daytime Telephone

Gary Smigiel, L. C. Managing Member

MECCA-RYAN II, L.C.
ARTICLES OF ORGANIZATION

Pursuant to Chapter 608.407 F.S., the Articles of Organization are set forth as follows:

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TALLAHASSEE, FLORIDA

ARTICLE I: Name:
The name of the limited liability company is:

MECCA-RYAN II, L.C.

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

Principal Office Address:
7965 Lantana Road
Lake Worth, FL 33467

Mailing Address:
P. O. Box 540669
Lake Worth, FL 33454

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

Gary Smigiel, L. C.
Name

7965 Lantana Road
Florida Street Address

Lake Worth, FLORIDA 33467
City, State, 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 t he appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of al 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:	Name and Address:
MGRM	Gary Smigiel, L. C P. O. Box 540669 Lake Worth, FL 33454
MGRM	Tropical Land Design Inc. P. O. Box 541779 Lake Worth, FL 33454
MGRM	Ryan Incorporated Southern 786 S. Military Trail Deerfield Beach, FL 33442
MGRM	Sabara, LLC 2255 Glades Rd., Suite 218-A Boca Raton, FL 33431

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.)

GARY SMIGIEL, L.C.

Typed or printed name of signee