Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

Prom:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

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LIMITED LIABILITY COMPANY

RAADRE, LLC

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Estimated Charge	\$155.00

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J. BRYAN MAR 2 1 2005

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

RAADRE, LLC

ARTICLE II - ADDRESS

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

1750 NW 124th Way Coral Springs, FL 33071

ARTICLE IN - REGISTERED AGENT. REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE:

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

Reuven Zfat 1750 NW 124th Way Coral Springs, FL 33071

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 cartificate, 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 attentes 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.

ARTICLE VII - MANAGEMENT (Check if applicable)

__X__ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

Dignature of a member of an authorized representative of a member.

(in accordance with section 608,408(3), Fixede Statutes, the execution of this document constitutes an attimation under the parables of perjury that the facts stated herein are true.

Typed or printed name of signee.

Reuven Za

Executed this seventeenth (17th) day of March, 2005.