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DIVISION OF CORPORATIONS

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

MJH

LIMITED LIABILITY COMPANY

BAR NONE ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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FILED

28 Mar 2005 11:03

A1A#CORPORATE#SERVICES

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

BAR NONE ENTERPRISES, LLC

ARTICLE II ADDRESS

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

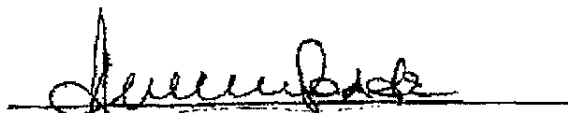
9 EMARITA WAY
STUART, FLORIDA 34996

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

ANN M. GOADE
9 EMARITA WAY
STUART, FLORIDA 34996

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



ANN M. GOADE / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

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JACKSONVILLE, FLORIDA

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PAGE 2 BAR NONE ENTERPRISES, LLC

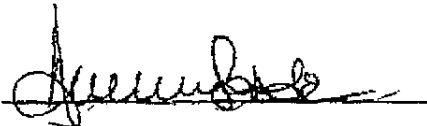
ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

Managing Member: ANN GOADE
9 EMARITA WAY
STUART, FLORIDA 34996

Managing Member: ROBYN HICKS
7 EMARITA WAY
STUART, FLORIDA 34996

Managing Member: REBECCA WEST
5 MIDDLE ROAD
STUART, FLORIDA 34994



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.)

ANN M. GOADE
Typed or printed name of signee

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