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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Certificates of Status

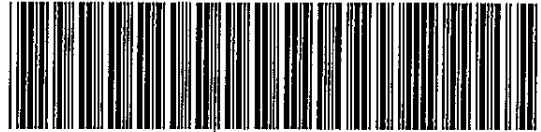
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Special Instructions to Filing Officer:

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EFWELLERASSOCIATES

20201 E. COUNTRY CLUB DRIVE
SUITE #809
AVENTURA, FLORIDA 33180
305.433.2277 VOICE
305.479.2545 FAX
EDWELLER@COMCAST.COM

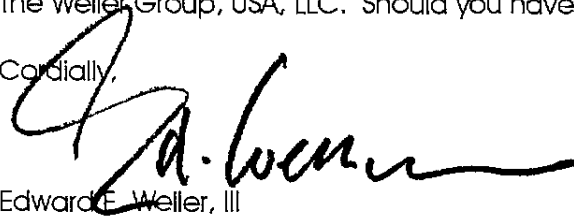
April 15, 2005

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Attached please find a check in the amount of \$160.00 and three (3) copies of the application for the Articles of Organization for a Florida LLC in the name of The Weller Group, USA, LLC. Should you have any questions, please contact me.

Cordially,



Edward E. Weller, III
20201 E. Country Club Drive
Aventura, FL 33180
(305)433.2277

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Weller Group, USA, 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:

Edward F. Weller, III
(Name of Person)

The Weller Group, USA, LLC
(Firm/Company)

20201 East Country Club Drive Suite #809
(Address)

Aventura, Florida 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

Edward F. Weller, III at (305) 433-2277
(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 & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Weller Group, USA, LLC

ARTICLE II - Address:

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

Principal Office Address:

20201 E. Country Club Drive
Suite #809
Aventura, Florida 33180

Mailing Address:

20201 E. Country Club Dr.
Suite #809
Aventura, Florida 33180

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

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

Edward F. Weller, III

Name

20201 E. Country Club Drive Suite #809

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

Aventura FL 33180

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.

Edward F. Weller, III

20201 E. Country Club Dr. Suite #809

Aventura, Florida 33180

MGR.

Valerie Notarbartolo

20201 E. Country Club Dr. Suite #809

Aventura, Florida 33180

(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.)

Edward F. Weller, III

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)