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Florida Department of State
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To:

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

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

RECEIVED
05 APR 26 PM 3:03
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

5th Dimension Enterprises LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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T. Brumbley APR 27 2005

Apr-26-2005 01:05pm From-DAVID WILLIAMS LAW FIRM PA

302-575-0925

T-821 P.002/003 F-763

Apr-25-2005 03:26pm From-DAVID WILLIAMS LAW FIRM PA

302-575-0925

T-799 P.002/003 F-737

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5th Dimension Enterprises LLC

ARTICLE II - Address:

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

Principal Office Address:

602 Moondancer Court
Palm Beach Gardens, FL 33410

Mailing Address:

602 Moondancer Court
Palm Beach Gardens, FL 33410

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

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

Samantha K. Melverdeff

Name

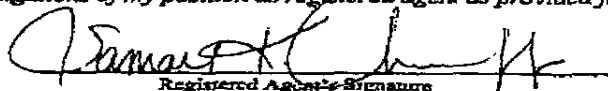
602 Moondancer Ct.

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

Palm Bch. Gardens, FL 33410

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)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MOR" = Manager
"MORM" = Managing Member

Name and Address:

MGRM

George Medvedeff
602 Moondancer Court
Palm Beach Gardens, FL 33410

MGRM

Samantha K. Medvedeff
602 Moondancer Court
Palm Beach Gardens, FL 33410

(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.)

Samantha K. Medvedeff
Typed or printed name of signer

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)

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