

FROM : (305) 639-4725
Division of Corporations

PHONE NO. : 3056394725

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W05000046729

Florida Department of State
Division of Corporations
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((H05000120436 3))

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

From:
Account Name : PROFESSIONAL VISA, INC.
Account Number : I20020000173
Phone : (305) 639-4737
Fax Number : (305) 639-4725

RECEIVED
05 MAY 11 PM 14:04
DIVISION OF CORPORATIONS

05 MAY 11 AM 8:11
STATE OF FLORIDA
TALLAHASSEE

LIMITED LIABILITY COMPANY

4G Group, LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

4G Group, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3851 Miller Road
Lake Worth, FL 33461

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

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

Nelson Iasiello

Name

3851 Miller Road

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

Lake Worth, FL 33461

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 11 AM 8:11

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, Florida Statutes..

 5/9/05
Registered Agent's Signature

ARTICLE IV - Manager(s) or Managing Member(s):

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((H05000120436 3));

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

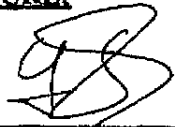
Name and Address:

MGR

Leonardo Gambacorta
3851 Miller Road
Lake Worth, FL 33461

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.)

Leonardo Gambacorta

Typed or printed name of signee

REC'D
TALLAHASSEE, FLORIDA
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