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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694

: (305)633-9696 Fax Number

TED LIABILITY COMPANY

palmtastic, llc

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This Instrument Prepared By: GLENN W. WILLIAMS, ESQ. Law Offices of John P. Maas 44 N.E. 16th Street Homestead, FL 33030 (305)247-7132.



ARTICLES OF ORGANIZATION

OF

PALMTASTIC, LLC

ARTICLE 1:

The name of this limited liability company shall be: PALMTASTIC, LLC, a Florida limited liability company.

ARTICLE II:

The mailing address and street address of the principal office of the limited liabilities company shall be as follows:

22800 S.W. 207TH Avenue Miami, Florida 33170

ARTICLE III:

The name of the registered agent for PALMTASTIC, LLC, is as follows:

Glenn W. Williams, Esquire 44 N.E. 16th Street Homestead, FL 33030

ARTICLE IV:

This limited liability company shall be a member-managed company and shall be managed by one member manager.

ARTICLE V:

The initial members of PALMTASTIC, LLC, shall be:

Blake Christensen 22800 S.W. 207th Avenue Miami, Florida 33170

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Yvette Burcel Christensen 22800 S.W. 207th Avenue Miami, Florida 33170

ARTICLE VI:

The initial managing member shall be:

Blake Christensea 22800 S.W. 207th Avenue Mismi, Florida 33170

DATED this 26 day of Sorcache, 2005.

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

BLAKE CHRISTENSEN

CRETARY OF STATE OF STATE OF STATE OF FLORIDA

COUNTY OF MIAMI-DADE

COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared BLAKE CHRISTENSEN, to me well known to be the person described in and who acknowledged before me, according to law, that he made and subscribed the same for the purpose therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Dade County, State of Florida, this <u>286</u> day of <u>SEPTEMBER</u>, 2005.

NOTARY PUBLIC-STATE OF FLORIDA

My Commission Expires:

Print Name: Lins Woods

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE OF PALMTASTIC, LLC

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF ORGANIZATION, 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 PROPERT AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATED this 28'day of

____, 2005

GLENA W. WILLIAMS, ESQUIRE

Registered Agent

Address: 44 N.E. 16th Street Homestead, FL 33030 05 SEP 29 AM 8: 4

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