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(Requ	uestor's Name)
(Addr	ess)
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(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ness Entity Name)
(Docu	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer:

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DIVISION OF SHIPPING

\	PORATE CCESS,	"When you need ACCESS to the world"	- m - m
•	INC.	236 Fast 6th Avenue . Tallahassee, Florida 32303 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 22	22-1666
	V	WALK IN	
	PI	ICK UP: 10/3/05 (28)	: ئىر
	CERTIFIED COPY PHÖTOCOPY CUS FILING	SECRETARIO STATE	
	SLM LLC DRPORATE NAME AND D	OCCUMENT #)	· · · · · · · · · · · · · · · · · · ·
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6. (CC	DRPORATE NAME AND E	OCUMENT #)	<u> </u>
SPECIAL IN	ISTRUCTIONS:		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	FE CO
SLM L.L.C.	
	7
ARTICLE II - Address:	70
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
C/O FGH Investments	C/O FGH Investments
645 Fifth Avenue, Suite 705	645 Fifth Avenue, Suite 705
New York, NY 10022	New York, NY 10022
ARTICLE III - Registered Agent, Registered	
The name and the Florida street address of the re	egistered agent are:
Joseph P. Tafuro	
Name	
C/O Pembroke Realty Services Florida street add	ress (P.O. Box NOT acceptable)
Tampa City, State, a	FL 33618 nd 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:

1 itie:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM _	1031 Highland, Inc.
	C/O FGH Investments, 645 Fifth Ave. Suite 705
	New York, NY 10022
	A Market
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00-101571	DATE ARE VALLE
HICHEL EFFE	PCTIVE DATE 1013/05
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REQUIRED SIGNATURE:	
0	,
pl	en P. Vamo
Signature of a m	nember or an authorized representative of a member.
(In accordance w	with section 608.408(3), Florida Statutes, the execution
of this document	constitutes an affirmation under the penalties of perjury
that the facts si	tated herein are true.)
70	OSEPH P. TIDEURO
<u>-</u> <u>-</u>	Typed or printed name of signee

A ng 異常に 生 コープナー マC...

· Park Company

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)