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2006 JAN 18 AM 11:52
TALLAHASSEE, FLORIDA

J. BRYAN JAN 25 2006

LAW OFFICES OF
MICHAEL SCHIFFRIN & ASSOCIATES, P.A.

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9130 SOUTH DADELAND BOULEVARD
MIAMI, FLORIDA 33156

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E-MAIL: schiff1aw@aol.com

January 11, 2006

Secretary of State
Division of Corporations
The Capitol
Tallahassee, Florida 32301

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2006 JAN 18 AM 11:52
TALLAHASSEE, FLORIDA

Re: **B & D Distributors, L.L.C.**

Dear Sir/Madam:

Enclosed please find an original and one copy of the *Articles of Organization for Florida Limited Liability Company*, along with our check in the amount of \$125.00 representing your fee. Please be so kind as to return the Certificate of Registration to the undersigned in the stamped, self-addressed envelope provided for your convenience.

Of course, if you should have any questions or need anything further, please advise immediately.

Very truly yours,


MICHAEL SCHIFFRIN & ASSOCIATES, P.A.

MICHAEL SCHIFFRIN, ESQ.

MS/ine
Encl.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

B & D Distributors, L.L.C.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

5927 Garfield Street

Hollywood, Florida 33021

Mailing Address:

5927 Garfield Street

Hollywood, Florida 33021

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Michael Schiffrin

Name

9130 S. Dadeland Blvd., Suite 1109

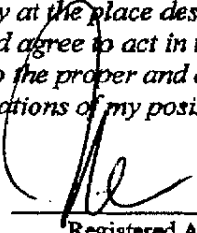
Florida street address (P.O. Box **NOT** acceptable)

Miami

FL 33156

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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

MGRM

Name and Address:

Michael Dodsworth

5927 Garfield Street

Hollywood, Florida 33021

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

MICHAEL DODSWORTH

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)