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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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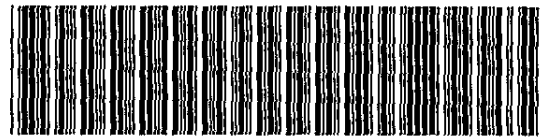
(Business Entity Name)

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SEAL STATE
TALLAHASSEE, FLORIDA

N. Culligan FEB 13 2006

William C. Malone, IV

ATTORNEY AND COUNSELOR AT LAW

1800 Pembroke Dr., Suite 300, Orlando, FL 32810
Telephone (407) 423-4040 Fax (407) 677-6729

January 31, 2006

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: ANGELS II ENTERPRISES, LLC

Dear Secretary:

Enclosed please find the Articles of Organization of ANGELS II ENTERPRISES, LLC, with a copy and a check in the amount of \$125.00.

Please date stamp the copy and return it to this office in the envelope provided.

Very truly yours,



WILLIAM C. MALONE, IV

WCM:wcm

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANGELS II ENTERPRISES, LLC

(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:

Mailing Address:

3172 Floral Way E.

3172 Floral Way E.

Apopka

Apopka

Florida 32703

Florida 32703

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:

William C. Malone, IV

Name

1800 Pembroke Drive, Suite 300

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

Orlando

FL 32810

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 (for QUBED)

(CONTINUED)

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

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