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(Address)

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(City/State/Zip/Phone #)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 930482 5143995

AUTHORIZATION

COST LIMIT : \$ 125.00

2006 MAR 21 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ORDER DATE : March 20, 2006

ORDER TIME : 3:42 PM

ORDER NO. : 930482-005

CUSTOMER NO: 5143995

DOMESTIC FILING

NAME: STELLA LOU LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - EXT. 2962

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STELLA LOU 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:

c/o Renella
891 SW Munjack Circle
Port St. Lucie, FL 34986

Mailing Address:

c/o Renella
891 SW Munjack Circle
Port St. Lucie, FL 34986

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:

Mr. Joseph Renella
Name
891 SW Munjack Circle
Florida street address (P.O. Box **NOT** acceptable)
Port St. Lucie FL 34986
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)
Joseph Renella

(CONTINUED)

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2006 MAR 21 AM 9:33
CLERK OF COUNTY OF ST. LUCIE
FORT ST. LUCIE, FLORIDA

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:

Joseph Renella

891 SW Munjack Circle

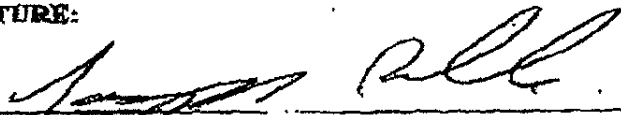
Port St. Lucie, FL 34986

(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:

X 
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.)

Joseph Renella

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 20.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)