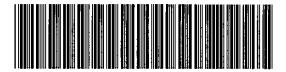
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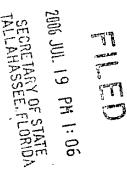
1					
(Requestor's Name)					
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P WAIT MAIL				
·	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



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W6-12158

COVER LETTER

TO:	Registration Se Division of Co			
SUBJI	rct.	Testmas	ters, L.L.C.	
SOL			l Liability Company)	
		f Organization and fee(s) are su	· ·	
1 icasc	return an corresp	_		
			rty & Leslie Adams	<u> </u>
		·	•	
			asters, L.L.C.	
		(Firm/Company)	ECR S
		5333 Col	lins Avenue #909	2006 JUL 19 SECRETARI SALLAHASS
			(Address)	
		Miami. F	Florida 33140	PM OF S E.FL
			/State and Zip Code)	STATE STATE
				30 6
For fu	rther information	concerning this matter, please	call:	
Tere	ence Goga		at 305 864-800	
	(Name	e of Person)	(Area Code & Daytime To	elephone Number)
Enclo	sed is a check for	or the following amount:		
\$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Comp	pany is:
	P.
Testmasters, L.L.C.	ny, "Limited Company" or their abbreviation "LLC," or "L.C.T.C. 19
	ny, "Limited Company" or their abbreviation "LLC," or "L.Cz "
	TA TA
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company 13:
Principal Office Address:	Mailing Address:
5333 Collins Avenue #909	5333 Collins Avenue #909
Miami Beach, Florida 33140	Miami Beach, Florida 33140
business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or another s of the registered agent are:
	ence Gogarty
	Name
533	33 Collins Avenue #909
Florida	street address (P.O. Box <u>NOT</u> acceptable)
Mian	ni Beach, FL 33140
Cit	ty, State, and Zip
liability company at the place design	at and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2006 TAL			
Manager Manager	Leslie Adams	JUL 19			
Managing Member	Terence Gogarty	2006 JUL 19 PH 1: 06 SECRETARY OF STATE TALLAHASSEE.FLORIDA			
					
(Use attachment if necessary)					
ARTICLE V: Effective date, if other than the c (If an effective date is listed, the date must be to or 90 days after the date of filing.)					
REQUIRED SIGNATURE:	Color on authorized representative of a member				
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.)					
	ed or printed name of signee				

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)