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ATTORNEYS AT LAW THE WATERFORD 5200 BLUE LAGOON DRIVE MIAMI, FL 33126-2022

(305) 267-9200 FAX (305) 267-5155 E-MAIL ADDRESS: info@strtrade.com WEBSITE: www.strtrade.com

September 11, 2006

VIA OVERNIGHT MAIL

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NOT ADMITTED IN FLORIDA

▼ BOARD CERTIFIED INTERNATIONAL LAW ## RESIDENT IN ARGENTINA

NANCY J WOLLIN

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: ARTICLES OF ORGANIZATION

To Whom It May Concern:

Please find enclosed the Articles of Organization for LuLabs, LLC. Also enclosed is a check, number 27738, in the amount of \$160.00 to cover the required Filing Fee for Articles of Organization and Designation of a Registered Agent, as well as a Certified Copy and Certificate of Status.

Should you have any questions or comments, please do not hesitate to contact the In the interim, we look forward to receiving confirmation of undersigned directly. receipt as soon as possible.

> Sincerely, Sandler, Travis & Rosenberg, P.A.

By: <u>Lauren V. Perez</u>

Vice President of Regulatory Matters

Enclosures:

SAN FRANCISCO CHICAGO WASHINGTON, D.C. BALTIMORE NEW YORK *OFFICES KNOWN AS SANDLER TRAVIS & ROSENBERG AND GLAD & FERGUSON, P.C.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:
LuLabs, LLC	
(Must end with the words "Limited Liability Company, "Limi	ted Company" or their abbreviation "LLC," or "L.C.,")
A POPEZZE PE EL A LE	
ARTICLE II - Address:	mineral office of the Limited Liebility Comments.
The maining address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
400 Alton Road #2906	5200 Blue Lagoon Drive, Suite 600
Miami Beach, FL 33139	Miami, Florida 33126
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Lauren V. Perez	
Name	
5200 Blue Lagoon Drive	a Suita 600
	dress (P.O. Box <u>NOT</u> acceptable)
Miami	FL 33126
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
Registered Agent's Signa	P 12 ASSEE,
(CONTIN Page 1 of	

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Luciana Lualdi 400 Alton Road #2906 Miami Beach, FL 33139 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ___ (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.) Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)