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FLORIDA/FOREIGN LIMITED LIABILITY CO.

S. Dietz LLC

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FAX AUDIT # HO00002741803

**ARTICLES OF ORGANIZATION
OF
S. Dietz LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **S. Dietz LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 10119 Garden Rose Ct, Orlando, Florida 32825.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Sharon Dietz, 10119 Garden Rose Ct, Orlando, Florida 32825. Located in the County of Orange.

ARTICLE IV DURATION


The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Sharon Dietz, 10119 Garden Rose Ct, Orlando, Florida 32825

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Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
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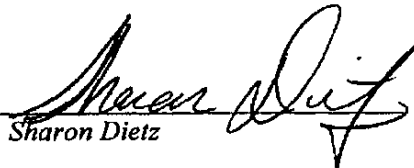
FAX AUDIT # HOL0002741803CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **S. Dietz LLC**

The name and address of the registered agent and office is Sharon Dietz, 10119 Garden
Rose Ct, Orlando, Florida 32825. Located in the County of Orange.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: Sharon DietzDate: 11/7/06SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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