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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

JERTE LLC

Certificate of Status	0
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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JERTE 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:

11721 WEST ATLANTIC BLVD.

SUITE 734

CORAL SPRINGS, FLORIDA 33071

Mailing Address:

11721 WEST ATLANTIC BLVD.

SUITE 734

CORAL SPRINGS, FLORIDA 33071

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:

OSCAR CLAVEL

Name

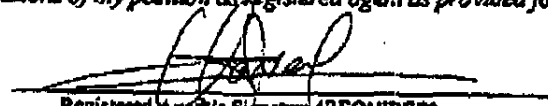
11721 WEST ATLANTIC BLVD. SUITE 734

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

CORAL SPRINGS, FL 33071

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)

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

Name and Address:

MGR

MARIA M. GARCIA
500 NW 101 AVENUE
CORAL SPRINGS, FLORIDA 33071

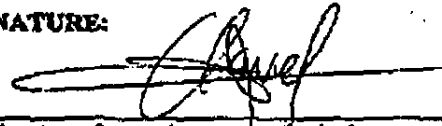
MGRM

OSCAR CLAVEL
11721 WEST ATLANTIC BLVD, #734
CORAL SPRINGS, FLORIDA 33071

(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:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

OSCAR CLAVEL

Typed or printed name of signer