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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC -4 AM 10:37

Law Office of
Robert M. Lewis, LLC
Attorney at Law
P.O. Box 1831
Jupiter, Florida 33468

December 3, 2006

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

To Whom It May Concern:

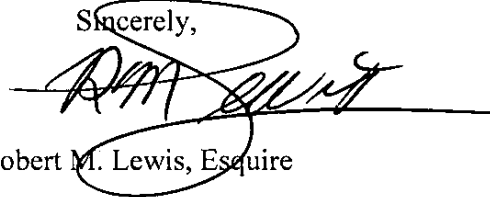
Please be advised that the undersigned represents Ms. Cheryl S. Wolfrom, relative to her desire to incorporate "STOGIE GIRLS" as a Limited Liability Company (LLC).

Enclosed are the Articles Of Organization For Limited Liability Company, executed by Ms. Wolfrom and a check (number 1047), in the amount of \$195.00, to cover the filing fee for Articles of Organization and Designation of Registered Agent; to wit, Cheryl S. Wolfrom, the costs for two (2) certified copies of same and for one Certificate of Status.

All documents referenced hereinabove are requested to be forwarded to the undersigned.

Thank you for your assistance with this matter, and should you have any questions or concerns, please feel free to contact me through my office at your leisure.

Sincerely,



Robert M. Lewis, Esquire

cc: Ms. Cheryl Wolfrom



(561) 575-1606
Office



(561) 575-1073
Fax

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STOGIE GIRLS, 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:

479 TEQUESTA DRIVE, #9
TEQUESTA, FLORIDA
33469

Mailing Address:

STOGIE GIRLS, LLC
P.O. BOX 30371
PALM BEACH GARDENS, FL. 33420

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:

CHERYL S. WOLFROM

Name

479 TEQUESTA DRIVE, #9

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

TEQUESTA FL 33469

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.

Cheryl S. Wolfrom
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGRM

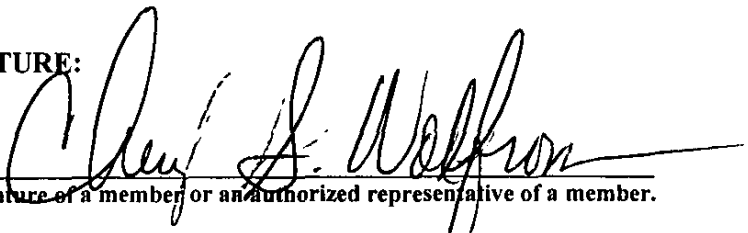
CHERYL S. WOLFROM
479 TEQUESTA DRIVE #9
TEQUESTA, FL. 33469

(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 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.)

CHERYL S. WOLFROM
Typed 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)