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

From:  
Account Name : BUSINESS CHOICE, INC.  
Account Number : I20010000004  
Phone : (954) 782-1829  
Fax Number : (954) 697-0245

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**VALLEY OF LILIES, LLC.**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION****ARTICLE I – Name:**

The name of the Limited Liability Company is:

**VALLEY OF LILIES, LLC.**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

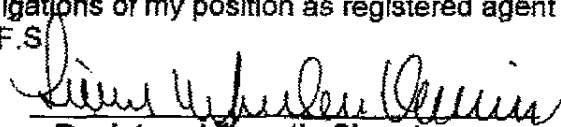
3909 Crescent Creek Drive  
Coconut Creek, FL 33073

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

The name and the Florida street address of the registered agent is:

Lucia R. Oliveira  
3909 Crescent Creek Drive  
Coconut Creek, FL 33073

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

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Business Choice, Inc.

4701 N. Federal Hwy # 445-C9 - Lighthouse Point, FL 33064  
Ph: (954) 782-1829 - Fax (954) 782-1899 - bcpessoa@hotmail.com

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Article IV – Management

\_\_\_\_\_ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company,

  
LUCIA R. OLIVEIRA - MANAGER

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that facts stated herein are true.)

  
LUCIA R. OLIVEIRA - MANAGER

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Business Choice, Inc.

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