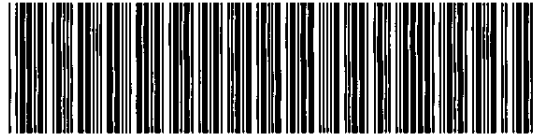


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(Requestor's Name)

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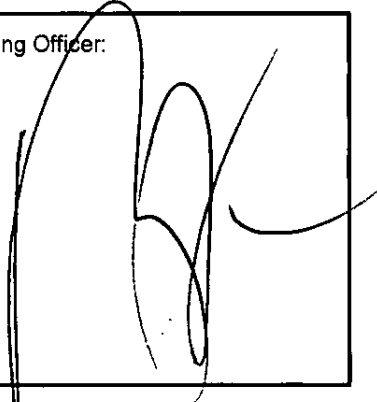
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Claudia Lewis, PLLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

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Name Date Time

Walk-In _____ Will Pick Up _____

**ARTICLES OF ORGANIZATION
FOR
CLAUDIA LEWIS, P.L.L.C.**

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07 MAR -5 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME & PURPOSE

The name of the company is **CLAUDIA LEWIS, P.L.L.C.**

The specific nature of business of this Professional Limited Liability Company is real estate.

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **7370 S.W. 154 Terrace, Miami, FL 33157.**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Neal R. Lewis, 9130 S. Dadeland Blvd., PH 1A, Miami, FL 33156.**

ARTICLE IV: MEMBERS

The name and address of the initial Members of the company are:

Managing Member: Claudia Lewis, 7370 SW 154 Terrace, Miami, FL 33157.

The undersigned has executed these Articles of Organization this 5th day of March 2007.

"Your Capital Connection, Inc. by, Stacey Piland, Client Representative"

A handwritten signature in cursive script that reads "Stacey Piland". The signature is written in black ink and is positioned above a solid horizontal line.

Authorized Representative

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the company is: CLAUDIA LEWIS P.L.L.C.

2. The name and address of the registered agent and office is: NEAL R. LEWIS
9130 S. Dadeland Blvd. PH1A, MIAMI, FL 33156

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.

