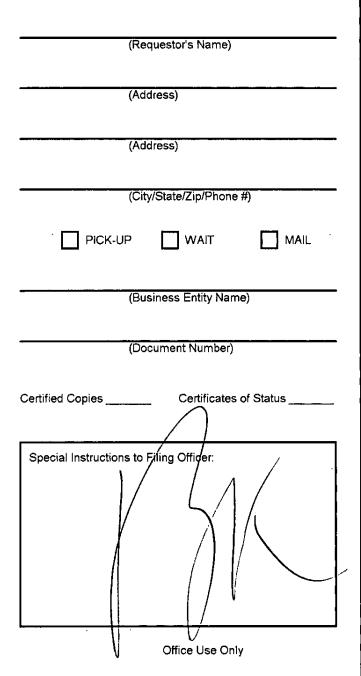
L07000069857





600103798936

07/05/07--01005--002 **125.00

SCALLA ALCONATION AND THE STATE OF THE STATE

AH 9: 29

O7 JUL -5 PM 12: 32
SECRETARY OF STATE
ALLAHASSEF, FIGURE

CAPITAL CONNECTION, INC.

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

| Wayne A. Hamilton, P.L.C | TALLAHASSEL FLORIGE |
|---------------------------------|---|
| | 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 |
| Signature | Officer Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record |
| Requested by: Name Date Time | UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval |

ARTICLES OF ORGANIZATION FOR

OT WEST OF STREET

Wayne A. Hamilton, P.L.L.C.

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 Wayne A. Hamilton, P.L.L.C. The specific nature of business of this Professional Limited Liability Company is to engage in the practice of law in the State of Florida.

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 5315 N.W. 122 Dr., Coral Springs, FL 33076

ARTICLE III: MANAGEMENT

The company will be a manager managed Professional Limited Liability Company.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Wayne A. Hamilton, Esq., 5315 N.W. 122 Dr., Coral Springs, FL 33076

ARTICLE V: MANAGING MEMBERS

The name and address of the initial Managing Member of the company is:

Wayne A. Hamilton, Managing Member, 5315 N.W. 122 Dr., Coral Springs, FL 33076

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

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"

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: Way | yne A. Hamilton, P.L.L.C. | |
| 2. The name and address of the registere 5315 NW. 122 Dr., Core | red agent and office is: Wayne A. Hamilton, Ery al Springs, FL 33076 | |

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.

Lepe