

AUG. 13. 2007. 1:58PM
DIVISION OF CORPORATIONS

KANETSKY, MOORE & DEBOER, P.A.

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Fax Number : (850)205-0383

From:

Account Name : KANETSKY, MOORE & DEBOER, P.A.
Account Number : 075350000267
Phone : (941)485-1571
Fax Number : (941)484-7226

FLORIDA/FOREIGN LIMITED LIABILITY CO.

THEPOOLBAR FLORIDA, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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| Estimated Charge | \$155.00 |

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ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

THEPOOLBAR FLORIDA, LLC

ARTICLE II - Address

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

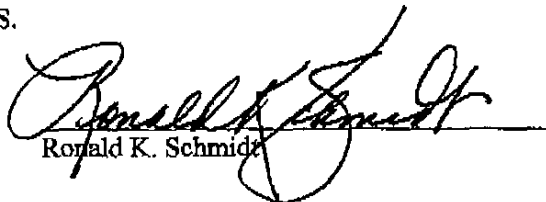
5878 Jackson Lane
Venice, FL 34293

ARTICLE III - Registered Agent, Registered Office, & Registered Agents's Signature:

The name and street address of the registered agent are:

Ronald K. Schmidt
5878 Jackson Lane
Venice, FL 34293

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.


Ronald K. Schmidt

This instrument prepared by:
Erik R. Lieberman, Esq.
P. O. Box 1767
Venice, FL 34284-1767
941-485-1571
FL Bar #393053

ARTICLE IV - Manager(s) or Managing Member(s):

Title:

"MGR"=Manager

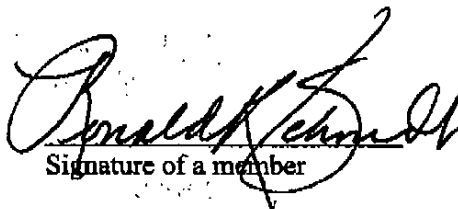
"MGRM"=Managing Member

MGR

Name and Address:

Ronald K. Schmidt
5878 Jackson Lane
Venice, FL 34293

REQUIRED SIGNATURE:



Signature of a member

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

Ronald K. Schmidt

Typed or Printed Name of Signee

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