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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 : (305)633-9696 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## FLORIDA LIMITED LIABILITY CO. **BOSTON IRISH REMY, LLC**

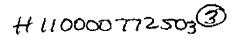
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## ARTICILES OF ORCANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Boston Irish Remy, LLC

(Musi and with the words "Limited Lightliny Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

11161 N. W. 24th Street

Coral Springs, FL 33065

11161 N. W. 24th Street

Coral Springs, FL 33065

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

(The United Liability Company cannot serve as its own Registered Agent. You must dealgame an individual or another business entity with an active Florida registertion.)

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

John McDonnell

Name

11161 N. W. 24th Street

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

Coral Springs

FL 33065

City, State, and Zip

Flaving been named as registered ugent and to accept service of procuss for the above stated timited 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..

(CONTINUED)

Page 1 of 2

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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: Tine: Name and Address: "MGR" = Manager "MGRM" - Managing Member MGR John McDonnell 11161 N. W. 24th Street Corei Springs, FL 33065 (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 afformation under the penalties of perjury that the facts scaled barein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felous as provided for in s.817.155, F.S.)

John McDonnell

Typed ur printed name of signee

Fling Fees:

\$125.00 Piling fee for Articles of Organization and Designation of Registered Agont

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Cercificate of Status (Optional)

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