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FLORIDA LIMITED LIABILITY CO.
VISCONTI, PITTLA & ASSOCIATES, PLLC

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**ARTICLES OF ORGANIZATION
OF
VISCONTI, PITTLA & ASSOCIATES, PLLC
A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

FLORIDA DIVISION OF STATE
TALLAHASSEE, FL

ARTICLE I

NAME

The name of the limited liability company is VISCONTI, PITTLA & ASSOCIATES, PLLC, ("company").

ARTICLE II

ADDRESS

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

Principal Office Address:

11782 Granite Woods Loop
Venice, Florida 34292

Mailing Address:

11782 Granite Woods Loop
Venice, Florida 34292

ARTICLE III

PURPOSE

This Professional Limited Liability Company, organized pursuant to Chapter 621, Florida Statutes, is formed for the sole and specific purpose of rendering professional public accounting services, and has as its members only other professional limited liability companies, professional corporations, or individuals who themselves are duly licensed or otherwise legally authorized to render the same professional service as the limited liability company.

ARTICLE IV

REGISTERED AGENT, REGISTERED OFFICE,

& REGISTERED AGENT'S SIGNATURE

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

Margaret Pittala
11782 Granite Woods Loop
Venice, Florida 34292

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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 607, F.S.


Signature of Resident Agent

ARTICLE V
MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

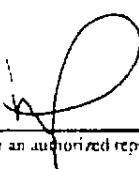
Member

Name and Address:

MGR

Margaret Pittala, MSAT, CPA
11782 Granite Woods Loop
Venice, Florida 34292

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member

(In accordance with section 607.0501, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARGARET PITTLA, MSAT, CPA

Typed or printed name of signee