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To:

Division of Corporations

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Account Name : TAXPEOPLE LLC Account Number : 120200000150 Phone : (772)460-1000 Fax Number : (772)777-3071

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. LUXURY DRIVES BY ANN, LLC

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				Port St Luci	e, FL 34953			
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LUXURY DRIVES BY ANN, LLC

(Must contain the words "Limited Liability 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:

2010 SW CATALUNA CIR PORT ST LUCIE, FL 34986

Mailing Address:

2010 SW CATALUNA CIR PORT ST LUCIE, FL 34986

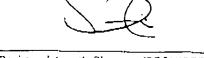
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

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

	TAXPEOPLE, LL	<u>C</u>
	Name	
	855 SW Brighton S	St
Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)
Port St Lucie	FL	34953
City	State	Zip

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)



	Naп	ae and Address:			
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