CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800 342-8062 PAX (904) 222-1222

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Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 1874 per Annum

THANK YOU
from
Your Capital Connection

ARTICLES OF ORGANIZATION

OF

LINTON TOWERS, L.C.

ARTICLE I NAME

The name of this limited liability company is LINTON TOWERS, L.C.

ARTICLE II PURPOSE

This limited liability company is organized for the following purposes:

- 1. To own and operate an office building.
- 2. To engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE III MEMBERS AND MANAGEMENT

This limited liability company shall have the following members:

Allen Prince

4400 N. Federal Hwy., #210 Boca Raton, Florida 33431

Elayne Prince

4400 N. Federal Hwy., #210 Boca Raton, Florida 33431

The business of the limited liability company shall be managed by the members.

ARTICLE IV CONTRIBUTIONS

The total amount of cash contributed to the limited liability company and the member contributing the cash is as follows:

Allen Prince

\$900.00

Elayne Prince

\$100.00

ARTICLE V ADMISSION OF ADDITIONAL MEMBERS

The members of the limited liability company may admit additional members provided however that any such admission shall require the affirmative written consent of all members of the limited liability company.

ARTICLE VI VOTING

All members of the limited liability company shall be entitled to vote on matters relating to the limited liability company. Each member's vote shall be of equal weight regardless of the relative capital accounts.

ARTICLE VII TERM OF EXISTENCE

This limited liability company shall have an existence commencing on the date of receipt of these Articles of Organization by the Secretary of State of Florida and shall continue for a period of thirty (30) years.

In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member the remaining members shall have the right to continue the business of this limited liability company.

ARTICLE VIII INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial principal office of this limited liability company is 4400 North Federal Highway, Suite 210, Boca Raton, Florida 33431, the initial registered agent of this limited liability company is ALLEN PRINCE with his address at 4400 North Federal Highway, Suite 210, Boca Raton, Florida 33431. The members may, from time to time, change the street and post office address of the limited liability company as well as the location of its principal office.

ARTICLE IX AMENDMENT

This limited liability company reserves the right to amend or repeal any provisions contained in these Articles of

Organization, or any amendment hereto, in the manner provided by law.			
IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization, this 29' day of December, 1994. ALLEN PRINCE, Mumber ELAYNE PRINCE, Member			
STY ME OF NEW YORK) COUNTY OF NASSAU)			
The foregoing instrument was acknowledged before me this 29% day of December, 1994, by Allen Prince, who is personally known to me (or who has produced 28% 26% 26% as identification) and who did take an oath.			
(SEAL)			
Print Name: Civite Range William Notary Public, State of New York Notary Public, State of New York Serial Number: Commission Expires October 20, 18			
STATE OF NEW YORK) COUNTY OF NASSAU)			
The foregoing instrument was acknowledged before me this 29" day of December, 1994, by Elayne Prince, who is personally known to me (or who has produced PRINCE L. COME as identification) and who did take an oath.			
(SEAL)			

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607, Florida Statutes, the following is submitted, in compliance with said Act:

First--That Linton Towers, L.C., desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Organization in the City of Boca Raton, State of Florida has named Allen Prince, located at 4400 North Federal Highway, Suite 210, Boca Raton, Florida 33431, its agent to accept service of process within this State.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above-stated limited liability company, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said act relative to keeping open said office.

ALLEN PRINCE

(Registered Agent)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a	member of
Linton Towers depos	ses and says:
1) the above named limited liability company has at least to	wo members
2) the total amount of cash contributed by the member(s) is	\$ \$
3) if any, the agreed value of property other than cash cont \$ N/A . A description of the property is at	ributed by member(s) is ttached and made a part hereto.
4) the total amount of cash or property anticipated to be \$ 1,000.00 . This total includes amounts from	contributed by member(s) is 2 and 3 above.
Signature of a member or authorized represe (In accordance with section 608.408(3), Florida Statutes, the constitutes an affirmation under the penalties of parjury that	intative of a member.

FILE NOW: Fee after May 1, will be \$263.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham ANNUAL REPORT Socretary of State 1996 DIVISION OF CORPORATIONS 96 HAR 22 PH 1: 40 Annual Fleport \$100.00 + \$138,78 Corporation Supplemental Fee **FILING FEE** Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 238.75 SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address
of Limited Liability Company DOCUMENT #L95000000009 1a. Principal Place of Business Address LINTON TOWERS, L.C. 4400 N FEDERAL HWY 4400 N FEDERAL HWY SUITE 210 SUITE 210 BOCA RATON FL 33431 BOCA RATON FL 33431 If above making address is incorrect in any way, line through Incorrect information and enter correction in Dirick 2a 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address 2. Principal Pinco of Business 01/06/1995 FL Suite, Apt. 4, etc. Suile, Apt. #, atc. 4. FEI Number Applied For 65-0549359 City & State City & State Not Applicable 6. Cortificate of Status Desired 8. Date of Last Report Country Country SA 15 Additions Lef Bequeet 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent PRINCE, ALLEN 4400 N FEDERAL HWY Street Address (P.O. Box Number Is Not Acceptable) SUITE 210 BOCA RATON FL 33431 Suito, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.500, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment ar registered agent, and accept the obligations. SIGNATURE [Registered Agent Accepting Appointment] (1801) Heristered Agent agnetive required when reinstalling City, State and Zip Code 10. Titlo Managing Members/Managers Business Street Address 4400 N FEDERAL "WY #210 BOCA RATON FL MEM PRINCE, ALLEN PRUINCE, ELAYNE 4400 N FEDERAL HWY #210 BOCA RATON FL MEM 900001757639 -03/26/96--01097--003 ****238.75 ****238.75

11 I do hereby certify that the information supplied with this filipe is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this angular open is true and accurate and that my signature shall have the same legal effect as it made under eath; that I am a managing member or manager of the limited having company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes; and that my name appears in Block 10, or or in attachment with an address.

SIGNATURE:

(NHSE10 R(12-95)

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