

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32310
904-222-9171
904-222-0191 FAX

800-342-8086

L 95000000097



MAIL TO:
P.O. BOX 5828
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032
REFERENCE : 528587 144429A
AUTHORIZATION : *Patricia Pizito*
COST LIMIT : \$ 285.00

ORDER DATE : January 23, 1995
ORDER TIME : 10:46 AM
ORDER NO. : 528587
CUSTOMER NO: 144429A

PRODUCT NUMBER

CUSTOMER: Mr. Corrison Lyttle
MR. CORRISON LYTTLE
11839 S.W. 16th Street
Pembroke Pines, FL 33025

RECEIVED
95 JAN 31 AM 11:35
DIVISION OF CORPORATIONS

DOMESTIC FILING

NAME: *Penta*
INTERLINK L.C.

L 95000000097

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED LIABILITY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: *Patricia L. Lyttle*
EXAMINER'S INITIALS:

FILED
95 FEB -3 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*W 95-2199
0225015021677*

pm
1-31-95



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

RECEIVED
95 FEB -3 AM 11:16
DIVISION OF CORPORATION

January 31, 1995

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301

SUBJECT: INTERLINK L.C.
Ref. Number: W95000002199

RESUBMIT

We have received your document for INTERLINK L.C. and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6930.

Tim Murphy
Corporate Specialist

Letter Number: 495A00004062

RECEIVED
95 FEB -1 AM 10:22
DIVISION OF CORPORATION

- (1) Name is still unavailable.
- (2) when new name is chosen, please make change on affidavit, also.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

FILED
95 FEB -3 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is: PENTALINK L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 11214 Pines Boulevard, Suite 242, Pembroke Pines, FL 33026.

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: 30 Years

ARTICLE IV - Management:

(check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Corrison Lyttle 11839 S.W. 16th Street, Pembroke Pines, FL 33025

Margie Lyttle 11839 S.W. 16th Street, Pembroke Pines, FL 33025

Michelle Lyttle 11839 S.W. 16th Street, Pembroke Pines, FL 33025

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: N/A

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on 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 in the limited liability company shall be: N/A

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

FILED
95 FEB -3 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned member or authorized representative of a member of PENTALINK, L.L.C. deposits and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 3200.⁰⁰
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 6000.⁰⁰. This total includes amounts from 2 and 3 above.

Corrie Lytle
Michelle Lytle
Margie Lytle

Signature of a member or authorized representative of a member.
(In accordance with section 608.406(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
95 FEB -3 AM 11:59
SECRETARY OF STATE
FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

PENTALINK L.C.

2. The name and address of the registered agent and office is:

Corrison Lyttle

(Name)

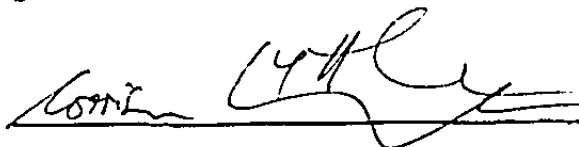
11839 S.W. 16th Street

(P.O. Box and applicable)

Pembroke Pines, FL 33025

(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.


(Signature)

01/26/95
(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 21, 1996. If Dissolved, Minimum Amount Due To Reinstato: \$738.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 263.75 Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company PENTALINK L.C. 11214 PINES BLVD. SUITE 242 PEMBROKE PINES FL 33026		DOCUMENT # L95000000097	
2. Principal Place of Business SAME		3. Date Organized or Qualified 3a. State of Formation 02/03/1995 FL	
4. TEF Number 65-0555890		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$3.75 Additional Fee Required	
7. Name and Address of Current Registered Agent LYTTLE, CORRISON 11839 S.W. 16TH ST. PEMBROKE PINES FL 33025		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Su'no, Apt # etc City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, 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 as registered agent, and accept the obligations.			
SIGNATURE		DATE	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LYTTLE, CORRISON	11839 S.W. 16TH ST.	PEMBROKE PINES FL
MGRM	LYTTLE, MARGIE	11839 S.W. 16TH ST.	PEMBROKE PINES FL
MGRM	LYTTLE, MICHELLE	11839 S.W. 16TH ST.	PEMBROKE PINES FL
			300001924903 -08/19/96--01003--005 ****272.50 ****272.50 [Handwritten Signature]
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (A) Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am a managing member or manager of the limited liability 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 on an attachment with an address.			
SIGNATURE: CORRISON LYTTLE		8/08/96 954 431 6418	