98000000064

LAZARUS CORPORATE FILING SERV	/ICE, INC.
3320 S.W. 87th AVENUE	
(Address)	5000024210655 -02/04/9801040017
MIAMI, FLORIDA (305)552-59	973 -02/84/9881840817 ****285.00 ****285.00
(City, State, Zip) (Phone	#)
LOCAL REPRESENTATIVE TALLAHAS	OFFICE USE ONLY
CORPORATION NAME(S) & DO	OCUMENT NUMBER(S) (if known):
1 ANRTANIA S	CHAKED TRANSLATIONS INC.
(Corporation Name)	(Document #)
2.	
(Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time	2.0 Certified Copy
Mark in New of time	Service Control of the control of th
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal -
Other	Merger
OTHER EII NGS	
OTHER FILNGS	
Annual Report	
Annual Report Fictitious Name	
Annual Report	
Annual Report Fictitious Name	REGISTRATION/ QUALIFICATION Foreign Limited Partnership

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 4, 1998

LAZARUS

TALLAHASSEE, FL

SUBJECT: ADRIANA SCHAKED TRANSLATIONS L.C.

Ref. Number: W98000002547

We have received your document for ADRIANA SCHAKED TRANSLATIONS L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In ART. II, you have listed a POST OFFICE BOX. That is fine for the MAILING ADDRESS. but we must also have the STREET ADDRESS of the PRINCIPAL OFFICE listed.

In ARTICLE IV, you must indicate one option or the other. If the company is going to be managed by an APPOINTED or ELECTED MANAGER or MANAGERS, please check the FIRST BOX, and indicate the names and addresses of the MANAGERS.

If the company is going to be managed by its MEMBERS, please check the SECOND BOX, and list the names and addresses of the MANAGING MEMBERS.

ALSO, ON THE AFFIDAVIT, you have indicated that \$2,000.00 in NON-CASH property is being contributed by the members. If property is contributed, a BRIEF DESCRIPTION of the property must be attached. This DESCRIPTION can be very brief. You do not need to list equipment serial numbers, or submit legal descriptions of real estate.

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

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr Corporate Specialist SECRETARY OF STATEONS
SECRETARY OF CORPORATIONS
JIVISION OF CORPORATIONS
98 FEB -9 PM 3: 37

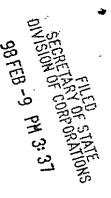
Letter Number: 398A000063

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DIVISION SECRET
The name of the Limited Liability Company is: PORIANT SCHAKED TRANSLATIONS L. C
FORIANT SCHAKED /RANSLITIONS
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is: Lidi Limic ADDress
ARTICLE III - Duration: The period of duration for the Limited Liability Company shall be:
5 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:
- HORIANA SCHAKED DRIVE 3530 MYSTIC POINSE DRIVE AVENTURA FLORIDA 33188
- BARUCH SCHAKED 3530 MYSTIC POINTE DR 3530 MYSTIC POINTE DR 33182
and address(es) of the managing member(s) is/ are:
and address(es) of the managing memocro, is not so and address(es) of the managing memocro, is not so and address(es) of the managing memocro, is not so and address(es) of the managing memocro, is not so and address(es) of the managing memocro, is not so and address(es) of the managing memocro, is not so and address(es) of the managing memocro, is not so and address(es) of the managing memocro, is not so and address(es) of the managing memocro, is not so and address(es) of the managing memocro, is not so and address(es) of the managing memocro, is not so and address(es) of the managing memocro, is not so and address(es) of the managing memocro, is not so and address(es) of the managing memocro, is not so and address(es) of the managing memocro, is not so and address(es) of the managing memocro, is not so and address (es) of the managing m
AUENSUM FIURIOA 33180
- BARUCH SCHAKED DRIVE 3330 MYSTIC POINTE DRIVE 3530 MYSTIC POINT 33180
3530 MIGSI 25 FLORIDA 35180

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:

NonE



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:

NONE

O

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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: ### ###############################	SECRETARY CO
2. The name and address of the registered agent and office is:	RPORATIONS
3532 MYSTIC POINTE DR (P.O. Box not acceptable)	
AVENOURT FLORIDA 33180	

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)

(Date)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of ADICIANAL STANDED RANGE AFTONS FRE deposes 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 \$ 2000 .	- 3 c
3) if any, the agreed value of property other than cash contributed by member(s) is \$ 2000 . A description of the property is attached and made a part hereto. Computer of Software	PETARY
4) the total amount of cash or property anticipated to be contributed by member(s) is \$	or STATE
	THS.

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated begain are true.)