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Dennis C. Nobbe, D.C.
5025 S.W. 62nd Avenue, Miami FL 33155
(305) 227-1225 Fax (305) 227-1684

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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-12/29/98--01061--007
****346.25 ****346.25

28 December 1998

Dear Sirs:

This is to inform you that I wish to form an L.L.C. by the name of Pab Six. My telephone numbers are shown above. A check in the amount of \$346.25, made out to Secretary of State, is enclosed for: filing fee for Articles of Organization and Affidavit, Designation of Registered Agent, Certified Copy and Certificate of Status.

Pab Six was a corporation formed in 1995 with myself as sole proprietor. No business transactions occurred and no tax returns were filed as there was absolutely no business activity no income. The corporation was dissolved in 1997 for just that reason-no activity. My tax attorney has informed me that I can now use this name, Pab Six, for L.L.C.

Please call me immediately if you have any questions. I would appreciate your expediting this as soon as possible.

Sincerely,



Name	11/19/98
Availability	Dennis C. Nobbe, D.C.
Document	encl.
Examine	DC/cn DCC
Updater	DCC
Under verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
PAB SIX L.L.C.**

**ARTICLE I
NAME**

The name of the Limited Liability Company is PAB SIX L.L.C.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 5025 SW 62nd Avenue, Miami Florida 33155.

**ARTICLE III
DURATION**

The period of duration of the Limited Liability Company shall be perpetual, or until the death of the member listed below.

**ARTICLE IV
MANAGEMENT**

The Limited Liability Company is to be managed by the member. The member shall be Dennis Nobbe who resides at 5025 SW 62nd Avenue, Miami FL 33155.

**ARTICLE V
ADMISSION OF NEW MEMBERS**

The member shall admit new or additional members by giving a notarized writing of such admittance to the new member, and also filing a copy of the notarized writing in

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TALLAHASSEE, FLORIDA

the office file of the L.L.C.

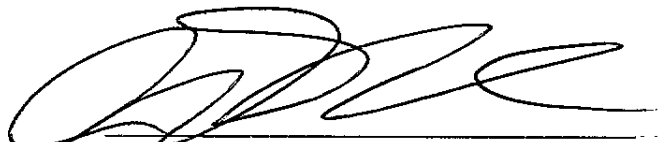
ARTICLE VI
BUSINESS CONTINUATION

In the instance of the death of a sole member, the Company may be continued for one year by the executor or spouse of the member. In the instance of the death, retirement, resignation, expulsion or bankruptcy of a member among several members the Company can be continued by the filing of new membership information with the Secretary of State of the State of Florida.

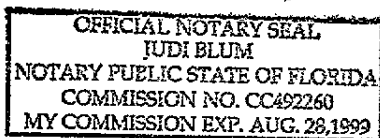
ARTICLE VII
AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTION

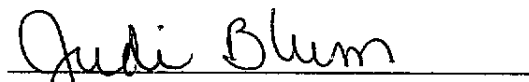
The undersigned member Dennis Nobbe certifies:

- 1) The above named limited liability company has as least one member;
- 2) The total amount of cash contributed by the member is \$1,000.00;
- 3) That no property has been contributed to the limited liability company at all and no such contribution is anticipated; and
- 4) The total amount of cash and property contributed by the member is \$1,000.00.


DENNIS NOBBE, MEMBER

Sworn before me this 28 day of December, 1998.




Notary Public

The above signatory personally known by me (JB)

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TALLAHASSEE, FLORIDA

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: PAB SIX L. L. C.

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

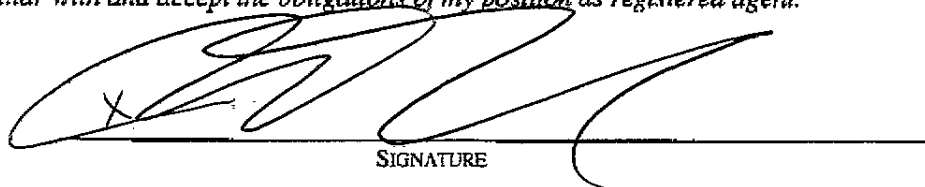
DENNIS NOBBE
NAME
5025 SW 62ND AVENUE
Florida street address (P. O. Box NOT ACCEPTABLE)
MIAMI FL 33155
CITY, STATE AND ZIP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.


SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent