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LIMITED LIABILITY COMPANY

SJ HELP, L.L.C.

Certificate of Status	0
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Page Count	04
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 8, 1999

NORMAN S. WEIDER, ESQ.
100 S.E. 2 ST., #3950
MIAMI, FL 33131

SUBJECT: SJ HELP, L.L.C.
REF: W99000008420

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The affidavit must set forth the amount of the cash and a description and the agreed value of property other than cash contributed by the members, and the amount anticipated to be contributed by the members.

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 (850) 487-6025.

Cathy A Mitchell
Corporate Specialist

FAX Aud. #: H99000008286
Letter Number: 299A00017811

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ARTICLES OF ORGANIZATION
OF
SJ HELP, L.L.C.

ARTICLE I - NAME

The name of the Limited Liability Company is: SJ HELP, L.L.C.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 363 Granello Avenue, Coral Gables, Florida 33146.

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT

The limited Liability Company is to be managed by the following member and the name and address of such managing members is:

Name

Address

Stefan Johansson

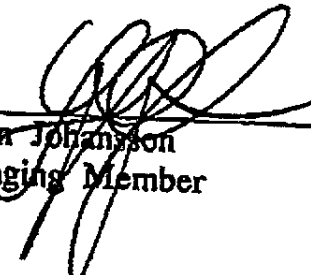
363 Granello Avenue
Coral Gables, FL 33146

ARTICLE V - EFFECTIVE DATE

The effective date of formation of the Limited Liability Company is April 8th, 1999.

IN WITNESS WHEREOF, the undersigned Managing Member has executed these Articles of Organization this 8th day of April, 1999.

Preparer:
Norman S. Weider, Esq.
100 S.E. 2 St. #3950
Miami, FL 33131
(305) 371-6338 - FL BAR #150388


Stefan Johansson
Managing Member

WP:WORK:STEFANHELP,LLC
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**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, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT,
INT HE STATE OF FLORIDA.

1. The name of the limited liability company is: **SJ HELP, L.L.C.**
2. The name and address of the registered agent and office is:

Norman S. Weider, Esq.
100 S.E. 2nd Street
Suite 3950
Miami, Florida 33131

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 PROPERTY AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND
ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED
AGENT.


NORMAN S. WEIDER, ESQ.

DATE: 4-8-99

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

STATE OF FLORIDA)

COUNTY OF DADE) SS:

The undersigned Managing Member of SJ HELP, L.L.C. deposes and says:

1. The above named Limited Liability Company has at least one member.
2. The total amount of cash contributed by the Member is: One Hundred Dollars (\$100.00). It is anticipated that an additional Nine Hundred Dollars (\$900.00) in cash shall be contributed by the Members. The total amount of the cash contributed and the cash and services to be contributed is \$1,000.00. No property has been or will be contributed.

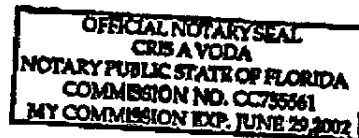

Stefan Johansson, Managing Member

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared this 8th day of April, 1999, STEFAN JOHANSSON, as the Managing Member of SJ HELP, L.L.C. who executed the foregoing instrument and who is personally known to me or who has produced a Florida driver's license, as identification, and who did take an oath.


Notary Public
State of Florida

Print Name: CRIS A. Voda

My Commission Expires:



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