The Alliand Group, L.I.C.

11630 sW 2nd Street - State #308

Pembroke Pines, FL 33025

Telephone/Facsimile (954) 441-9792

June 28, 1999

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (850) 487-6051

Dear Sir/Madam:

Please find enclosed the Articles of Organization and the Certificate of Designation of Registered Agent/Registered Office for The Alliand Group, L.L.C., along with a check payable to the Florida Department of State in the amount \$285.00 in U.S. funds to cover the filing fees for both documents.

Please contact me at 954-441-9792 if you need further assistance in processing this request.

Thank you for your time and effort.

Sincerely,

John Komar Managing Member 700002919877---0 -06/30/99--01072--002 ****285.00 ****285.00

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Acknowledgement

W. P. Verifyer

ARTICLES OF ORGANIZATION FOR THE ALLIAND GROUP, L.L.C.

ARTICLE I – Name:

The name of the Limited Liability Company is:

The Alliand Group, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

11630 SW 2nd Street Suite #308 Pembroke Pines, Florida 33025

ARTICLE III - Duration:

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

20 years

ARTICLE IV - Management:

- 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 and address of the managing member is:

John Komar 11630 SW 2nd Street Apartment #308 Pembroke Pines, Florida 33025

ARTICLE V – Admission of Additional Members:

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

The remaining members may admit additional members upon the majority vote of the remaining members consenting to the admission of the additional member.

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ARTICLE V1 - 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 in the Limited Liability Company shall be:

The remaining members have the right 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 upon the majority vote of the remaining members.

ARTICLE V11 - Affidavit of Membership and Contributions:

The undersigned member or authorized representative of a member of The Alliand Group, L.L.C. certifies:

1) the above named Limited Liability Company has at least one member;

2) the total amount of cash contributed by the member(s) is \$1,500.00;

3) if any, the agreed value of property other than cash contributed by member(s) is

\$ 0.00;

4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is

\$1,500.00;

Signature of a member or an 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 herein are true.)

John Komar

Typed or printed name of signee

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:

The Alliand Group, L.L.C.

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

John Komar 11630 SW 2nd Street Suite #308 Pembroke Pines, Florida 33025

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

99 JUN 30 PH 5: OC SECRETARY OF STATE