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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY

FUSION DESIGN GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY
OF
FUSION DESIGN GROUP, LLC**

ARTICLE I - NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

FUSION DESIGN GROUP, LLC

ARTICLE II - ADDRESS

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF
THE LIMITED LIABILITY COMPANY IS:

1210 Washington Avenue, Suite 200
Miami Beach, FL 33139

ARTICLE III - DURATION

THE PERIOD OF DURATION FOR THE LIMITED LIABILITY COMPANY SHALL BE:

This corporation shall exist perpetually.

ARTICLE IV - MANAGEMENT

THE LIMITED LIABILITY COMPANY IS TO BE MANAGED BY THE MEMBERS AND
THE NAME AND ADDRESS OF THE MANAGING MEMBERS ARE:

Catalina Echavarria
219 Ocean Blvd.
Golden Beach, FL 33139

John West
SSN 071-56-4095
1233 Collins Avenue, Apt. #6
Miami Beach, FL 33139

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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:

To the discretion and approval by all members.

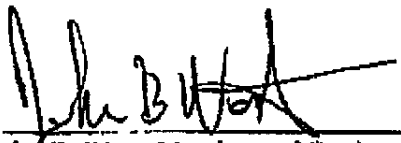
ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

UPON 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, THE REMAINING MEMBERS, BY UNANIMOUS APPROVAL, MAY ELECT TO CONTINUE THE BUSINESS OF THE LIMITED LIABILITY COMPANY.

ARTICLE VII -

The undersigned member or authorized representative of a member of **FUSION DESIGN GROUP, LLC** 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


John B. West, Member and Registered Agent

(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 are true).

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.50, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATION THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: FUSION DESIGN GROUP, LLC
2. The name and address of the registered agent and office is:

John B. West
1210 Washington Avenue
Suite 200
Miami Beach, FL 33139

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.


John B. West, Registered Agent

12/26/99
Date