L 9900000 8832 HOWARD L. SCHWARTZ, P.A.

BOCA CORPORATE CENTER
2101 CORPORATE BOULEVARD, N.W.
SUITE 414
BOCA RATON, FLORIDA 33431

Legal Assistant:

Susan Landesman

TELEPHONE: FACSIMILE:

561-997-0000 561-998-789

November 22, 1999

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

300003055493--2 -11/29/99--01105--008

RE: The af Petersens, LLC

Dear Sir/Madam:

Enclosed, please find the original and one copy of the Certificate of Articles of Organization for the above referenced Florida Limited Liability Company, together with our check in the amount of \$155.00 for filing fees. This includes \$100.00 filing fees, plus \$25.00 for Registered Agent and \$30.00 for one Certified Copy.

After filing, please return copy of filed Certificate of Articles of Organization to this office.

If you have any questions, please do not hesitate to contact me.

Sincerely, The Law Offices of Howard L. Schwartz, P.A.

Swar Jande your

Susan Landesman Legal Assistant

afPetersens.afPetersens, LLCSecState.ArtofOrg112299 Enclosures (2)

PM 12: 10



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

SOURCE SO

December 2, 1999

HOWARD L. SCHWARTZ, P.A. 2101 CORPORATE CENTER SUITE 414 BOCA RATON, FL 33431

SUBJECT: THE AF PETERSENS, LLC Ref. Number: W99000027560

We have received your document for THE AF PETERSENS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

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) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 699A00057031

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

99 DEC 15 PM 12: 10

ARTICLE I - Name:

The name of the Limited Liability Company is: The af Petersens, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: P.O. Box 190060, Miami Beach, FL 33119.

ARTICLE III - Duration:

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

ARTICLE IV - Management: (Check the appropriate box and complete the statement)

X 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:

Jan af Petersens, P.O. Box 190060, Miami Beach, FL 33119

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Admission of Additional Members:

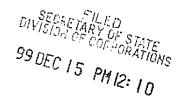
The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Written consent of the Managing Member(s) and Member(s).

ARTICLE VI - Members Rights to Continue Business: 99 DEC 15 PH 12: 10 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: Written consent of the Managing Member(s) and Member(s). Signature of 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.)

Typed of 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 AF PETERSENS, LLC
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2. The name and the Florida street address of the registered agent are:
Howard L. Schwartz
Name
Elorida stroct address (B.O. Suite 414,
Florida street address (P.O. Box NOT acceptable)
Boca Raton, FL 33431
City, State and Zip
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 states 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.

MP