L04000054491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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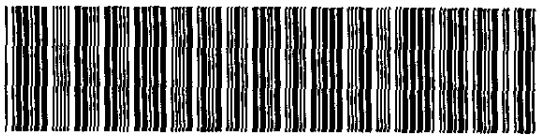

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2004 JUL 21 PM 3:49
ALLAHASSEE, FLORIDA

J. BRYAN JUL 22 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJM Community Development LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel F. Pratt
(Name of Person)

(Firm/Company)

20621 NW 22 CT
(Address)

Miami Gardens, FL 33056
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Luis Olivo at (786) 326 5685
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

AJM Community Development LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

20621 NW 22 CT
Miami Garden, FL 33056

Mailing Address:

20621 NW 22 CT
Miami Garden, FL 33056

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Joel E. Pratt
Name

20621 NW 22 CT
Florida street address (P.O. Box NOT acceptable)

Miami Garden FLORIDA 33056
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 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 as provided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGR	Joel E Pratt 20621 NW 22 CT Miami Gardens, FL 33056
MGRM	DR. DELORES Cubmer 20621 NW 22 ct Miami Gardens, FL 33056
MGR	Gary Williams 8920 NW 22 Ave Miami, FL 33147
MGR	Luis Oliva 8920 NW 22 Ave Miami, FL 33147

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joel E Pratt
Typed or printed name of signee

Filing Fees:
$100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)