Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Account Number : 105256001620 : (608)827-5300 Phone

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LIMITED LIABILITY COMPANY

Mayconn LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FAX AUDIT # FUULUOT) 668677

ARTICLES OF ORGANIZATION OF Mayconn LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Mayconn LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 5832 N Plum Bay Parkway, Tamarac, Florida 33321.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Simon Wong, 5832 N. Plum Bay, Parkway, Tamarac, Florida 33321. Located in the County of Broward.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2040.

ARTICLE V MANAGERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Simon Wong, 16412 Cherry Way, Delray Beach, Florida 33484 Phoebe Soong, 5832 N. Plum Bay Parkway, Tamarac, Florida 33321

Richard Oster, Vice President, Business Filings Incorporated.

Prepared by Richard Oster, Business Filings, 8025 Excelsior Dr. Suite 200, Madison, WI

(608) 827-5300.

FAX AUDIT # HOYDOO 668699

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Mayconn LLC

The name and address of the registered agent and office is Simon Wong, 5832 N Plum Bay Parkway, Tamarac, Florida 33321. Located in the County of Broward.

Having been named as registered agent and to accept service of process for the above stated corporation 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:

Date: December 14, 2000

FAX AUDIT # 400000 68 69 9