CAPITAL CONNECTION ANC. 417 E. Virlinia Street, Stite 1 • Italiaha see, Firrida 31304 (850) 224-1870 1-8 0-342-8 52 • Fax (810) 227 122

Shod Properties Group Luc.	
	2000039074321 -03/23/0101044010 ****125.00 ****125.00
	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement On The Cort. Copy Photo Copy Certificate of Good Standing FIRE Certificate of Fictitious Name Page 100 Cort. Copy Certificate Of Fictitious Name Page 100 Copy Copy Copy Copy Copy Copy Copy Copy
Signature	Corp Record Search Officer Search Fictitious Search Vehicle Search Driving Record
Requested by: State Signal 9:30 Name Date Time	Driving Record
Walk-In Will Pick Up	Courier



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 23, 2001

CAPITAL CONNECTION

ATTN: SL

SUBJECT: SHAD PROPERTIES GROUP, L.L.C.

Ref. Number: W01000006597

We have received your document for SHAD PROPERTIES GROUP, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article II of your form.

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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 101A00017779

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

CAPITAL CONNECTION

The name of the Limited Liability Company is:

Shad Properties Group, L.L.C.

ARTICLE II - Address:

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

1719 W. Kennedy Blvd. Tampa, FL 33617

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Joel R. Epperson, Esquire	
Name 1719 W. Kennedy Blvd.	
Florida street address (P.O. Box NOT acceptable) Tampa, FL 33617 FL	
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, F.S.

Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Nabeela Islam Shad, mahager (An additional article must be added if an effective date is requested) 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.) 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)