CAPICAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

10 / 1/4/4/4/5

Smy Ventures, Luc.	5000046134262 -09/27/0101022030 ****155.00 ****155.00
	Art of Inc. File LTD Partnership File Foreign Corp. File
OTSE 27 M 10 46 OF PARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	L.C. File Fictitious Name File Trade/Service Mark Merger File
	Art. of Amend. File RA Resignation Dissolution / Withdrawal
	Annual Report / Reinstatement Cert. Copy Photo Copy Photo Copy Cert. Copy Photo Copy
Effective Date	Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Pagent Search
Slpt - 74, 200) Signature	Corp Record Search Officer Search Fictitious Search Fictitious Owner Search
Requested by:	Vehicle Search Driving Record UCC 1 or 3 File
Name 9/37/01 10:35 Date Time Walk-In	UCC 11 Search UCC 11 Retrieval Courier



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 27, 2001

CAPITAL CONNECTION, INC.

SUBJECT: SMJ VENTURES, LLC Ref. Number: W01000022444

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

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 101A00053770

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: The name of the Limited Liability Company is: SMJ VENTURES, LLC

ARTICLE II: The mailing address and street address of the principal office of the Limited Liability Company is: 1318 North Mills Avenue, Orlando, Florida 32803.

ARTICLE III: Registered Agent, Registered Office and Registered Agent's Signature:

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

Stephen Jaffe 1318 North Mills Avenue Orlando, Florida 32803

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.

Registered Agent's Signature

and member/

ARTICLE IV: Effective Date: September 26, 2001

SECRETARY IN STATE