

01/12/1994

DIVISION OF CORPORATIONS

2846 59

JAMES T. MILLIKEN

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Florida Department of State
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DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

MONSOON BLOOM, LLC

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION

ARTICLE I

The name of the Limited Liability Company is MONSOON BLOOM, LLC

ARTICLE II

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

2810 REMINGTON GREEN CIRCLE, TALLAHASSEE, FL 32308-

ARTICLE III

The period of duration for the Limited Liability Company shall be January 1, 2072.

ARTICLE IV

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 to serve as manager(s) is/are:

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

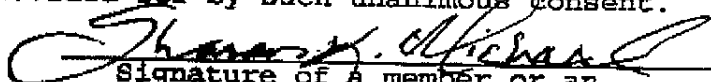
DIMPLE DESAI, #5-E, 30 E. ELM ST., CHICAGO, IL, 60611- ANJANA SOLANKI, #5-E, 30 E. ELM ST., CHICAGO, IL, 60611- MIT DESAI, #5-E, 30 E. ELM ST., CHICAGO, IL, 60611-

ARTICLE V

The right, if given of the members to admit additional members and the terms and conditions of the admissions shall be with unanimous consent of the members, as provided in Section 608.4232, Florida Statutes, upon the terms and conditions provided for by such unanimous consent.

ARTICLE VI

The right, if given, of the remaining members of the limited liability company to continue the 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 with unanimous consent of the members, as provided in Section 608.441, Florida Statutes, upon the terms and conditions provided for by such unanimous consent.


Signature of a member or an
authorized representative of a member

Prepared By: Milliken P.C., 4643 E. Thomas, #9, Phx, AZ 85018

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1. The name of the corporation is MONSOON BLOOM, LLC

2. The name and address of the registered agent and office is:

ALBERT PENSON

(NAME)

2810 REMINGTON GREEN CR.

(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

TALLAHASSEE, FL 32308

(CITY/STATE/ZIP)

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)

7/25/02

(DATE)

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DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314