

L030000007851

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000069403 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY
NEWTELL COM, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED
03 MAR -1, PM 1:48
DIVISION OF CORPORATION

FILED
03 MAR -1, PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JP
3-4-03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The Name of the Limited Liability Company is:
NEWTELL COM, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the Limited Liability Company is:
14210 CARLSON CIRCLE
TAMPA, FL 33626

ARTICLE III - DURATION

The Period of duration for the Limited Liability Company shall be Twenty Five years unless extended by a vote of all the members.

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by a manager or managers and the name(s) and the address (es) of such manager(s) is/ are:

SHARMEEN LAKHANI	14210 CARLSON CIRCLE TAMPA, FL 33626
JALAL HEMANI	14210 CARLSON CIRCLE TAMPA, FL 33626
IQBAL LALANI	14210 CARLSON CIRCLE TAMPA, FL 33626

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Majority Vote of the existing members

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

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:

Majority Vote of the remaining members


JALAL HEMANI-Managing Member

03 MAR - 4 PM 3:23
 AND
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

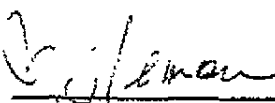
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS
THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Corporation is:
NEWTELL COM, LLC
2. The name and address of the Registered Agent and Office is:

**JALAL HEMANI
14210 CARLSON CIRCLE
TAMPA, FL 33626**

Having been named as Registered Agent to accept the 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.

Dated: 2/03/03


JALAL HEMANI
Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAR -4 PM 3:23

APPROVED
AND
FILED