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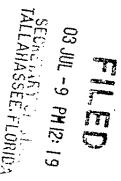
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(Ac	ldress)	
(Address)		
(Cit	y/State/Zip/Phone	: #)
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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: MLS Enterprises (Name of Limited Liability)	L.L.C.
The enclosed Articles of Organization and fee(s) are sub-	omitted for filing.
- ,,	
Please return all correspondence concerning this matter	to the following:
Mulania S. Iverman (Name of Person)	SECTIALIANA
MLS Enterprises L.L.C. (Firm/Company)	D3 JUL -9 PH 12: 15
2840 Miami Lakes Orive	l2: 19 Lokib,
Miami Lakes Florida 30 (City/State and Zip Code)	<u> </u>
For further information concerning this matter, please ca	AI:
Mclanic Silverman at (30) (Name of Person) (Area of	Code & Daytime Telephone Number)
Registration SectionRegDivision of CorporationsDiv409 E. Gaines StreetP.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: MLS Enterprises L.L.C.

ARTICLE I - Name:

ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5850 Mjami Lakes Orive	soo miami Lakes Orive	
miami Lakes, Florida 33014	miami Lakes, Florida 33014	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: ME Anie Silverman Service		

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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	- · · · · · · · · · · · · · · · · · · ·
m GR	melanie Silverman
	miami Lakes, Florida 23014
MGR.	Longy Silverman
	Miam: Lakes Prive Miam: Lakes, Florida 33014
m G R	- Marcia Taft 3850 Miami Lakes Orive
	Miami Lakes Florida 33014
m GN	Michael Mullac 5850 Miami Lakes Ocivetion
	Miami Lakes Florida 330190 &
(Use attachment if necessary)	AHASE AHASE
NOTE: An additional article must be	
REQUIRED SIGNATURE:	added if an effective date is requested.
<i>^</i>	

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.)

MElanie Silverman.
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)