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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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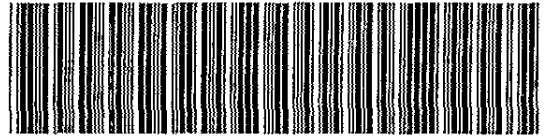
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STATE OF NEW JERSEY  
FALL 2003

03 DEC 30 PM 5:10

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The MYAR Group  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Blanco-Thomas  
(Name of Person)

The MYAR Group  
(Firm/Company)

Post Office Box 753  
(Address)

Zellwood, Florida 32798  
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Blanco-Thomas at ( 954 ) 682-7707  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Maria GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT \_\_\_\_\_  
DATE \_\_\_\_\_  
DOC. EXAM \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

The MYAR Group LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

3527 Laughlin Road

Post Office Box 753

Zellwood, Florida 32798

Zellwood, Florida 32798

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

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

Maria Blanco-Thomas

Name

3527 Laughlin Road

Florida street address (P.O. Box **NOT** acceptable)

Zellwood,

FLORIDA 32798

City, State, and Zip

03 DEC 30 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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, Florida Statutes..*

Maria Blanco-Thomas

Registered Agent's Signature

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


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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<u>President</u>	<u>Maria Blanco-Thomas</u> <u>Post Office Box 753</u> <u>Zellwood, Florida 32798</u>
<u>Vice President</u>	<u>Kenneth L. Thomas</u> <u>Post Office Box 753</u> <u>Zellwood, Florida 32798</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Maria Blanco-Thomas  
\_\_\_\_\_  
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)