## L0400003194Z

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
Coomerce Lines, value,				
(Document Number)				
(Boodinent Number)				
Contidinal Coming Contidinates of Chairman				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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JP 1-154

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
BMD Group UC	
Signature  Requested by: Haq  Name Date Time  Walk-In Will Pick Up	Art of Inc. File LTD Partnership File Foreign Corp. File 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 Certificate of Good Standing Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	LBMD	Group, L	40	
ARTICLE II - Addr		ress of the principa	ıl office of the Limited Liabilit	y Company is:
Principal Office Add		ress of the principa	Mailing Address:	y Company is.
		F; Suite 40	2801 FAU	ITVILLE Rd. #135
Bradenton	250 2nd Street E; Suite 40 Bradenton FL 34208		SARASOTA	ITVILLE Rd. #135
			ee, & Registered Agent's Sign	nature:
ARTICLE III - Reg	orida street ad	dress of the register	red agent are:	
	orida street ad	dress of the register	red agent are:	
	orida street ad	dress of the register	red agent are:	
	Robe	dress of the register	red agent are:  EN EEL  Le Rd. *135	
	Robe  280  Florida str	Name  Fruitvill  reet address (P.O. Box )	red agent are:  EN EEL  Le Rd. *135	D4 APP 27 PM 3: 38 SEURE ARY OF SMILE TALLAHASSEE, FLORIDA

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.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

The name and address of each Mana	ger or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	WAGUIH EL MASRY  250 24 STREET E SO  BRADENTON FL 3420#	_ UTE 4C _
<u> </u>	JORGE HERNANDER  250 2ººº STREET & SUIT  BRADENTON FL 34208	
		<del>-</del> 
(Use attachment if necessary)		
NOTE: An additional article must	t be added if an effective date is requested.	04 SE TAL
(In accordance with section	an authorized representative of a member.  608-408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	APR 27 PM 3: LAHASSEF, FLO

## Filing Fees:

\$100.00 Filing Fee for Articles of Organization

that the facts stated herein are true.)

WAGUIH EL MASRY
Typed or printed name of signee

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)