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BARBARA ELLIS

OF COUNSEL
ROBERT J. ASHKINS
STUART A. EPSTEIN
JACK E. MCGREGOR
MARTIN F. WOLF

PLEASE REPLY to Bridgeport
WRITER'S DIRECT DIAL: (203) 337-4116
E-MAIL ADDRESS: ikern@cohenandwolf.com

April 30, 2004

Registration Section
Division of Corporations
State of Florida
P.O. Box 6327
Tallahassee, FL 32314

RE: Formation MJM Associates, LLC

Gentlemen:

Enclosed herewith please find the following in connection with the above-referenced entity:

1. Transmittal Letter;
2. Articles of Organization for Florida Limited Liability Company; and
3. Check, in the sum of \$160, representing payment for: filing fee, designation of registered agent, certified copy and certificate of status.

If there should be any questions whatsoever related to the enclosed or any other aspect of this matter, we would very much appreciate if you would contact the undersigned accordingly.

Thank you very much.

Very truly yours,

Irving J. Kern

IJK:ny
ENC

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06 MAY -3 2004-09

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJM Associates, LLC
(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:

Irving J. Kern, Esq.

(Name of Person)

Cohen and Wolf, P.C.

(Firm/Company)

1115 Broad Street

(Address)

Bridgeport, CT 06604-1821

(City/State and Zip Code)

For further information concerning this matter, please call:

Irving J. Kern, Esq.

(Name of Person)

at (203) 337-4116

(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MJM Associates, LLC

ARTICLE II - Address:

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

Principal Office Address:

721 Atlantic Shores Boulevard
Suite 103
Hallandale, FL 33009

Mailing Address:

721 Atlantic Shores Boulevard
Suite 103
Hallandale, FL 33009

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

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

Mark J. Monaco

Name

721 Atlantic Shores Boulevard, Suite 103

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

Hallandale , FLORIDA 33009

City, State, and Zip

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

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

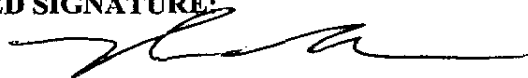
Name and Address:

N/A

(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.)

Mark J. Monaco

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)

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