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Florida Department of State  
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To:

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

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (305)674-3313  
Fax Number : (305)675-2811

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**LIMITED LIABILITY COMPANY**

**John Maziarz "LLC"**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA**

**LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

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**ARTICLE I: NAME**

The name of the Limited Liability Company is:

John Maziarz "LLC"

**ARTICLE II: Address**

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

204 Flamingo Drive

Sanford, Florida 32773

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

John Maziarz

204 Flamingo Drive

Sanford, Florida 32773

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Having been named as registered agent 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.

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John Maziarz / Registered Agent's Signature

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**ARTICLE IV: MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V: MEMBERS (optional)**

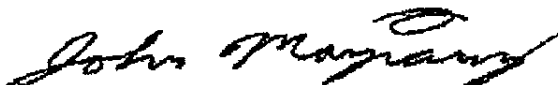
**MANAGING MEMBER**

John Maziarz

204 Flamingo Drive

Sanford , Florida 32773

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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.)

John Maziarz

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