

Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

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From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839 Phone

Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

INTER CULTURAL CENTER, LLC

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ARTICLES OF ORGANIZATION FOR

INTER CULTURAL CENTER, LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE ! - NAME:

The name of the Limited Liability Company is:

INTER CULTURAL CENTER, LLC

ARTICLE II - ADDRESS:

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

5687 WHIRLAWAY ROAD PALM BEACH GARDENS, FL 33418

ARTICLE III - DURATION:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by a manager, or managers until the first annual meeting of the members or until their names are elected and qualify, and the name(s) and address(es) of such manager(s) who is/are:

HAMID GHARAGOZLOO

5687 WHIRLAWAY RD

PALM BEACH GARDENS, Fl. 33418

SHARAREH AFSHARI

5687 WHIRLAWAY RD

PALM BEACH GARDENS, FL 33418

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be by (I) unanimous resolution and consent of the remaining members under the same terms and conditions as set forth from time to time by the capital contributions with Department of State, State of Florida setting forth the actual contributions of all members.

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a membership of a member in the limited liability company shall be set forth in a unanimous resolution and consent of the remaining members and in the event there is are less than two members or in the event the remaining members do not reach a unanimous resolution with the determination of a membership of a member within 15 days from said termination, the limited liability company shall be dissolved.

The UNDERSIGNED for the purpose of forming a Limited Liability Company to do business within the State of Florida, does make and file these Articles of Organization, hereby declaring and certifying that the facts stated are true,

By: HAMID GHARAGOZLOD

By SHARAREH AFSHARI

STATE OF FLORIDA)
SS:
COUNTY OF (DADE)

BE IT REMEMBERED that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgements, HAMID GHARAGOZLOO personally appeared to me known to be in the foregoing Articles of Organization, and he acknowledged before me that he executed said Articles of Organization.

WITNESS my hand and scal in said State and County, this 3 day of . 2004.

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COMMISSION EXPIRES:

TIPHANY N. MCKENZIE Notary Public - State of Florida My Comm. Expires May 9, 2005 Commuscion # DD924275

Personally known to me, or Produced Indentification.

Type of identification
DOD take an cath, or
DOD NOT take an oath.

CERTIFICATE OF DESIGNATION OF REGISTER AGENT/REGISTER OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTER AGENT, THE STATE OF FLORIDA.

1. The name of the limited liability company is:

_____INTER CULTURAL CENTER, LLC

2. The name and address of the registered agent and office is:

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HAMID GHARAGOZLOO 5687 WHIRLAWAY ROAD PALM BEACH GARDENS, Fl. 33418 SECRETARY OF STALLAHASSEE, FLC

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 AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTER AGENT.

102100 16/3/04 SIGNATURE DATE