L04000047068

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 9, 2004

AUDREY J. FARQUHARSON 10925 SW 125 ST MIAMI, FL 33176

SUBJECT: AJT MYAMI, INC. Ref. Number: W04000022273

We have received your document for AJT MYAMI, INC. and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 104A00039224

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: AJF Myami Inc. (AJF MYAMI Inc. (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:
AUDRRY J. FARRUHARSON (Name of Person)
AJF MYAMI, Inc., (Firm/Company)
10925 SW 125 St. (Address)
Miami, FL- 33176 (City/State and Zip Code)
For further information concerning this matter, please call:
Nicole Farerell at (305) 251-6512 (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
AJF Hyami, L	.L.C.
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10925 SW 125 St.	SAME
Miami, FL. 33176	
ARTICLE III - Registered Agent, Registered 6 The name and the Florida street address of the reg	
AUDREY J. FAR	QUHARSON
10925 SW 18 Florida street address (P.O.	Box NOT acceptable)
Miami City, State, and	FLORIDA 33176 1 Zip
Having been named as registered agent and to accept service company at the place designated in this certificate, I hereby agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar was a service of the complete performance performance of the complete performance of the complete performance perform	accept the appointment as registered agent and the provisions of all statutes relating to the proper
registered agent as provided for in Cha	apter 608, Florida Statutes
Maray	JRETAL SN 21
Registered Agent's S	ignature PH PH PH
	I: L
Page 1 of 2	IONS

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
NGR	AUDREU J. FARQUHARSON
	10985 SW 185 St.
	MIAMI, FL. 33176
	,
	`````` <u></u>
<del></del>	
	, , , , , , , , , , , , , , , , , , ,
(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested.
. , •	
REQUIRED SIGNATURE:	
ANVA	rye
Signature of a member	or an authorized representative of a member.
(In accordance with secti	on 608.408(3), Florida Statutes, the execution
of this document constitu	ites an affirmation under the penalties of perjury
that the facts stated herei	n are true.)
HUDREY	T. FARQUHARSON
Type	J. TARQUHARSON

\$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)