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DIVISION OF CHIPCRATION





CAPITAL CONNECTION, INC.

417 E. Vtrginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Signature		
Requested by:		
	6/30/04 10:45	
Name	Date Time	

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 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 Status	_			
 Certificate of Fictitious Name				
 Corp Record Search_				
 Officer Search				
 Fictitious 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

Jan.

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The name of the Limited Liability Company is:

MAK	One.	LL	.C
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ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
11000 Metro Parkway, Suite 30	11000 Metro Parkway, Suite 30
Fort Myers, FL 33912	Fort Myers, FL 33912

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

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

Kathy Morgan	
	Name
11000 Metro Parkway,	Suite 30
Florida street addr	ess (P.O. Box NQT acceptable)
Fort Myers,	FLORIDA 33912
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

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: Name and Address: $\overline{\text{"MGR"}} = \text{Manager}$ "MGRM" = Managing Member Kathy Morgan MGRM 11000 Metro Parkway, Suite 30 Fort Myers, FL 33912 (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.) Kathy Morgan

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)

Typed or printed name of signee