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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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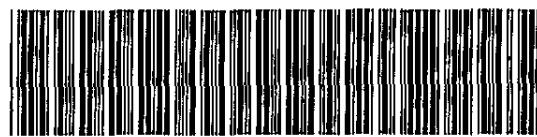
(Business Entity Name)

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JURISDICTIONS  
ALLAHASSEE, FLORIDA

J. BRYAN JUL 21 2004

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SDKA L.L.C  
(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:

DIPCHAND PANCHU /JANKI PANCHU  
(Name of Person)

SDKA L.L.C  
(Firm/Company)

925 WEST PINE STREET  
(Address)

AVON PARK FL. 33825  
(City/State and Zip Code)

For further information concerning this matter, please call:

DIPCHAND PANCHU at (973) 744-6786  
(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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SDKA L.L.C

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TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

925 WEST PINE STREET  
\_\_\_\_\_  
AVON PARK  
\_\_\_\_\_  
FL. 33825  
\_\_\_\_\_

**Mailing Address:**

DIPCHAND PANCHU  
\_\_\_\_\_  
1 HAWTHORNE PLACE,  
\_\_\_\_\_  
MONTCLAIR, N.J. 07042  
\_\_\_\_\_

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
The name and the Florida street address of the registered agent are:

SAMANTHA RAHIM  
\_\_\_\_\_  
Name  
925 WEST PINE STREET  
\_\_\_\_\_  
Florida street address (P.O. Box NOT acceptable)  
\_\_\_\_\_  
AVON PARK FLORIDA 33825  
\_\_\_\_\_  
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..*

*Samantha Rahim*  
\_\_\_\_\_  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**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

MGR

**Name and Address:**

SAMANTHA RAHIM

925 WEST PINE STREET, AVON PARK, FL.

33825

MGRM

DIPCHAND PANCHU

1 HAWTHORNE PLACE, MONTCLAIR, NJ

07042

MGRM

JANKI PANCHU

1 HAWTHORNE PLACE, MONTCLAIR, NJ

07042

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Dipchand Panchu  
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.)

Dipchand Panchu  
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)