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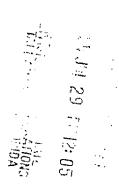
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DAVIDI & PALLERLA INVESTMENTS LL. (Name of Limited Liability Company)	C	
The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  ANTL R. DAVIDI  (Name of Person)		
(Firm/Company)  POBOX 4254  (Address)  TALLA HASSEE, FL 32-315  (City/State and Zip Code)	04 JUL 29 PH 12: 09	SECRETARY SESTITALLARIASE TO B
For further information concerning this matter, please call:  ANTLR. DAVIDI at (850) 385 - 1249 (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:	9	
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines Street  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327		

Tallahassee, Florida 32399

Tallahassee, Florida 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
DAVIDI & PALLERLA INVESTMENTS LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
1951, N. MERIDIAN RD.)  # 82  TALLAHASSEE, FL 32303  TALLAHASSEE, FL 32303
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
ANIL R. DAVIDI Name
1951 N. MEREDIAN RD., # 82 Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE, FL 32303 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, F.S.

(CONTINUED)

Registered Agent's Signature

#### ARTICLE IV- Manager(s) or Managing Wember(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	ANIL R. DAVIDI 1951, N. MERIDIAN RD., #82 TALLAMASSEE, FL 32303
MGRM	RAVINDER R. PALLERLA 2415, OLD ST. AUGUSTINE RS., #1234 TALLAHASSEE, FL 32-301

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

D. Anil

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.)

ANIL R DAVIDI

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)

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