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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

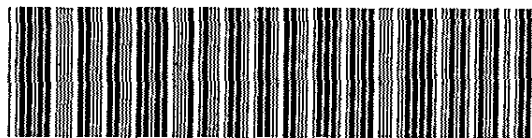
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 AUG - 9 PM 1:24

STATE OF ARIZONA
SECRETARY OF STATE

EFFECTIVE DATE

8/9/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJV Services, LLC
(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:

May Vattamattam
(Name of Person)

MJV Services, LLC
(Firm/Company)

3151 Shoreline Dr.
(Address)

Clearwater, FL 33760
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Vattamattam at (727) 417-1774
(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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REGISTRATION SECTION
DIVISION OF CORPORATIONS

EFFECTIVE DATE
8/9/04

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

MJV Services, 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:

MJV Services, LLC

MJV Services, LLC

3151 Shoreline Dr.

3151 Shoreline Dr.

Clearwater, FL 33760

Clearwater, FL 33760

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

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

Mary Vattamattam

Name

3151 Shoreline Dr.

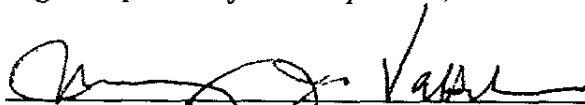
Florida street address (P.O. Box **NOT** acceptable)

Clearwater

FLORIDA 33760

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)

EFFECTIVE DATE

8/9/04

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

Name and Address:

MGRM

Mary Vattamattam

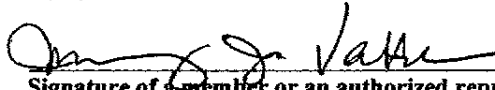
3151 Shoreline Dr.

Clearwater, FL 33760

(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.)

Mary Vattamattam

Typed or printed name of signee

04 AUG - 9 PM 1:24
SECTION OF STATE
DIVISION OF CORPORATE AFFAIRS

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)

ARTICLE V—EFFECTIVE DATE

The Effective Date of the MJV Services, LLC shall be August 9, 2004.

STATE OF NEW YORK
DIVISION OF CORPORATIONS
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