

W04000071331

Florida Department of State
Division of Corporations
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MJH

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : 120030000043
Phone : (800) 342-9856
Fax Number : (800) 354-3381

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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FILED

LIMITED LIABILITY COMPANY

MVA HOLDING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

DIVISION OF CORPORATION

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MVA Holding, LLC

ARTICLE II - Address:

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

Principal Office Address:

593 Southridge Rd.

Clermont, FL 34711

Mailing Address:

593 Southridge Rd.

Clermont, FL 34711

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

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

Akbar Razaek

Name

593 Southridge Rd

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

Clermont

FLORIDA 34711

City, State, and Zip

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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

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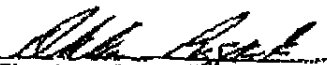
ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>Akbar Razack</u> <u>593 Southridge Rd</u> <u>Clermont, FL 34711</u>
<u>MGRM</u>	<u>Vevankanand Ramphal</u> <u>595 Southridge Rd.</u> <u>Clermont, FL 34711</u>
<u>MGRM</u>	<u>MATTHEW WINDAOP</u> <u>593 Southridge Rd.</u> <u>Clermont, FL 34711</u>

(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 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Akbar Razack
Typed or printed name of signer

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