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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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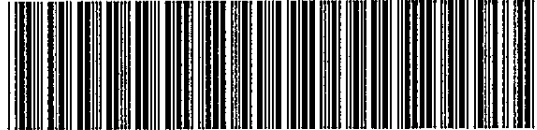
(Business Entity Name)

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EFFECTIVE DATE

10/01/04

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2004 SEP 30 PM 1:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN OCT 1 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDN Events, LLC
(Name of Limited Liability Company)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria I Cadenas, CPA
(Name of Person)

Maria Isabel Cadenas, CPA, P.A.
(Firm/Company)

1390 S. Dixie Hwy. # 2108
(Address)

Coral Gables, FL 33146
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria I Cadenas at (305) 665-2466
(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

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MDN Events, LLC

EFFECTIVE DATE:

10/01/04

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

250 Galen Drive, #43

250 Galen Drive, #43

Key Biscayne, FL 33149

Key Biscayne, FL 33149

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

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

Maria Isabel Cadenas, CPA, P.A.

Name


1390 S. Dixie Hwy, # 2108

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

Coral Gables FLORIDA 33146

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

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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

Name and Address:

MGRM

Maria Isabel Cordova
250 Galen Drive, # 43
Key Biscayne, FL 33149

(Use attachment if necessary)

ARTICLE V: EFFECTIVE DATE: October 1, 2004

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

REQUIRED SIGNATURE:

Maria Isabel Cordova CPA
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.)

Maria Isabel Cadenas, CPA
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)