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PICK-UP WAIT MAIL
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December 16, 2004

Florida Department of State, Registration Section, Division of Corporations, 409 E. Gaines Street, Tallahassee, FL 32399

Dear Sir or Madam,

This is a cover letter containing the information required as part of the filing requirements of Chand Investment Group, LLC.

Name: Dawn Tangri

Address: 201 Longview Avenue, Suite 101, Celebration, FL 34747

Telephone: (321) 939-4276

Thank you for your immediate attention and help.

Sincerely, Dawn Tangri OH DEC 17 PH 1:18

TRANSMITTAL LETTER

	ion Section of Corporations		
SUBJECT:	CHAND INVESTME	NT GROUP, LLC	
	(Name of Limited	d Liability Company)	
	icles of Organization and fee(s) are su		
Please return all c	orrespondence concerning this matte	r to the following:	
	DAW	N TANGRI	
	(1	Name of Person)	
			4 0
	(I	Firm/Company)	E, 0, 5
	901 10101	ru Avenne S	
	201 LONGVI	EW AVENUE, S	DITE TOT
		RATION, FL 3474 State and Zip Code)	OF DEC 17 PA 1:18
For further inform	nation concerning this matter, please	call:	
	WN TANGRI (Name of Person)	at (321) 939- (Area Code & Daytime To	4276 elephone Number)
Enclosed is a ch	eck for the following amount:		
□ \$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Balle of the Emilion Elacinty Company to			
CHAND INVESTMENT GROUP, 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:			
201 LONGVIEW AVENUE, 201 LONGVIEW AVENUE, SUITE 101. CELEBRATION, FL 34747 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature.			
The name and the Florida street address of the registered agent are:			
DAWN TANGEI			
Name 201 LONGVIEW AVENUE, SUTE 101 Florida street address (P.O. Box NOT acceptable)			
CELEBRATION, FL 34747 City, State, and Zip			
University to an expensed an exprint and agreement and to appear of the process for the above stated limited			

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..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	DAWN TANGRI 201 LONGVIEW AVENUE, SUITE IOI CELEBRATION, FL 34747
MGRM	JOHN TANGRI 201 LONGVIEW AVENUE, SUITE IOI CELEBRATION FL 34747
· · ·	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	added if an effective date is requested.
Signature of a member or	an authorized representative of a member.
	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

DAWN TANGRI Typed or printed name of signee