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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 715-0346

RECEIVED
05 FEB 18 PM 2:44
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
MBA COSNSULTING GROUP L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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JL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MBA CONSULTING GROUP L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1384 WEST 79TH STREET
HIALEAH, FL 33014

Mailing Address:

1384 WEST 79TH STREET
HIALEAH, FL 33014

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

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

JOEL LOPEZ

Name

1384 WEST 79TH STREET

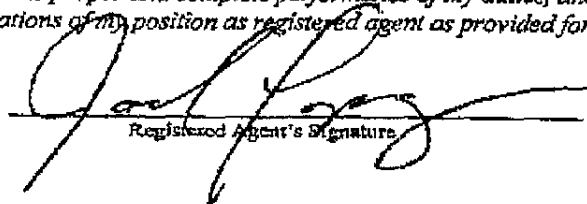
Florida street address (P.O. Box NOT acceptable)

HIALEAH, FL 33014

FL

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.


Registered Agent's Signature

(CONTINUED)

Page 1 of 2

2005 FEB 18 AM 8:58
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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JOEL LOPEZ

1384 WEST 79TH STREET

HIALEAH, FL 33014

MGRM

MONICA L LOPEZ

1384 WEST 79TH STREET

HIALEAH, FL 33014

(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.)

JOEL LOPEZ

Typed or printed name of signee

Page 2 of 2

2005 FEB 18 AM 8:58
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