

L05000028816

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(Business Entity Name)

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MILWAUKEE

3-23-05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Pixon 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:

Madhusudhan Koduru
(Name of Person)

Florida Pixon LLC
(Firm/Company)

3164 Cedarwood Village Lane
(Address)

Pensacola, FL 32514
(City/State and Zip Code)

For further information concerning this matter, please call:

Madhusudhan Koduru at (850) 478-7337
(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

FILED
05 MAR 21 PM 12:38
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Pixon LLC

ARTICLE II - Address:

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

Principal Office Address:

3164 Cedarwood Village Lane

Pensacola, FL 32514

Mailing Address:

3164 Cedarwood Village Lane

Pensacola, FL 32514

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

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

Madhusudhan Koduru

Name

3164 Cedarwood Village Lane

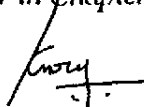
Florida street address (P.O. Box NOT acceptable)

Pensacola

FLORIDA 32514

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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OCT 21 PM 2:38
TAMPA
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:

"MGR"

Madhusudhan Koduru

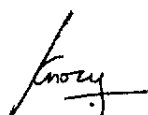
3164 Cedarwood Village Lane

Pensacola, FL 32514

(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.)

Madhusudhan Koduru

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)