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TRANSMITTAL LETTER
TO: Registration Section Division of Corporations
SUBJECT: STEDA TECHNOLOGIES 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:
DAREN M. LEE SING (Name of Person)
STEDA TECHNOLOGIES LLC (Firm/Company)
(Firm/Company) 29307 BIRDS EYE DRIVE. (Address) WESLEY CHAPEL FL 33543 (City/State and Zin Code)
WESLEY CHAPEL FL 33543 BH 3
For further information concerning this matter, please call:
DAREN M, UE SING at (786) 877-4427 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status □ \$155.00 Filing Fee & Certificate of Status □ \$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: MAILING ADDRESS:

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

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

added "LLC" per Mr. Ging by telephone 4/7/05

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
STEDA TECH	INOLOGIES LLC
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
29307 BIRDS EYE DRIVE WESLEY CHAPEL, FL 3354	29307 BIRDE EYE DRIVE H3 WESLEY CHAPEL, FL33543
ARTICLE III - Registered Agent, Req	gistered Office, & Registered Agent's Signature:
The name and the Florida street address RION LE	of the registered agent are: E SING SING SING SING Name SING S
J9307 Florida WESLEY CHE	SIRDS EYE DR: Street address (P.O. Box NOT acceptable) APEL FL 33543 y, State, and Zip
Having been named as registered agent	t and to accept service of 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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Stevan Thomas 150 W University Blud # 6019 Melbourne 7L 32901
MGR	DAREN M. LEE STNG 18880 NW 57 th Ave Aptzo MTAMI, FL 33015
(Use attachment if necessary)	
NOTE: An additional article mus	st 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.)

DAREN LEE SING
Typed or printed name of signee

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)

FILE D 05 APR -1 PH 12: 30 SECRETARY OF STATE SECRETARY OF STATE