

WS 0000 48831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

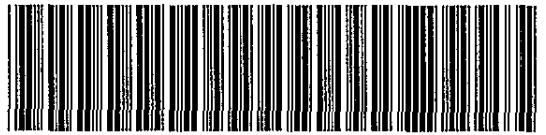
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MICHIGAN DEPT OF TREASURY

WS-48831
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 13, 2005

JOGINDAR BAJAJ
P.O. BOX 16777
PLANTATION, FL 33318

SUBJECT: MIAMI GRAND SCENTRAL, LLC
Ref. Number: W05000024376

We have received your document for MIAMI GRAND SCENTRAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 805A00034630

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 MAY 17 PM 3:44

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May 16, 2005

RE: W05000024376

To Whom It May Concern:

We are re-submitting the application with the proper signature, Please reprocess the application and send the documents via prepaid FedEx which was send to you earlier.

If you have any questions please call me at 305-592-0550

Sincerely,



Jogindar S. Bajaj
Miami Grand Scentral

2005 MAY 17 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI GRAND SCENTRAL, 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:

JOGINDAR S. BAJAJ
(Name of Person)

MIAMI GRAND SCENTRAL, LLC
(Firm/Company)

P.O. BOX 16777
(Address)

PLANTATION, FL 33318
(City/State and Zip Code)

For further information concerning this matter, please call:

JOGINDAR S. BAJAJ at (305) 592-0550
(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 & 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF STATE
CORPORATIONS
FLORIDA
JAN 17 PM 3:44

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIAMI GRAND SCENTRAL, 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:

2480 NW 20 STREET

P.O. BOX 16777

SUITE - C

PLANTATION

MIAMI, FL 33142

FLORIDA 33318

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

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

JOGINDAR S. BAJAJ

Name

1769 NW 81 WAY


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

PLANTATION

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

(CONTINUED)

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"

MILLENNIUM HOLDING AND

INVESTMENT CORP.

P.O. BOX 16777 - PLANTATION, FL 33318

"MGR"

AMIT CHADHA

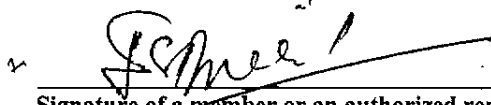
2247 NW 171 TERRACE

PEMBROKE PINES, FL 33028

(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.)

JOGINDAR S. BAJAJ

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)

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TALLAHASSEE, FLORIDA

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