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(Requestor's Name)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Joe Hughes
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 PO Box 180271
 Address
 Tallahassee FL 850
 City/State/Zip Phone # 222-789
 32318

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MAB Properties LLC
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- Walk in
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NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials

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

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TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Limited Liability Company is:

MAB PROPERTIES, LLC

ARTICLE II

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

3049 Bell Grove Drive
Tallahassee, Florida 32308

ARTICLE III

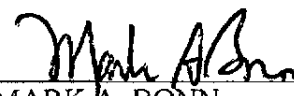
The name and the Florida street address of the registered agent are:

J. JOSEPH HUGHES
4913 N. Monroe Street
Tallahassee, Florida 32303

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

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.


MARK A. BONN