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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

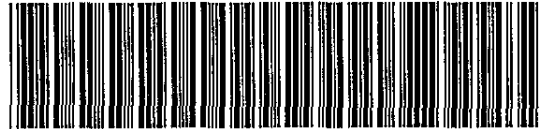
(Business Entity Name)

(Document Number)

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2005 JUL -8 A 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**Law Office of  
Jamie B. Greusel, Esquire**

1104 North Collier Boulevard

Marco Island, FL 34145

239-394-8111

Jamie B. Greusel  
Licensed in FL and NJ

July 5, 2005

State of Florida  
Department of State  
Corporate Division  
P.O. Box 6327  
Tallahassee, FL 32314

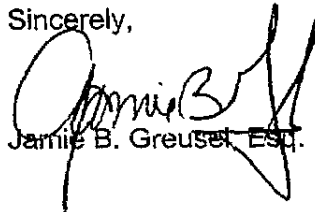
Re: MADD INVESTMENTS, LLC

Gentlemen/Ladies:

Enclosed please find two original Articles of Organization for the corporation referenced above, along with a check in the amount of \$155.00 made payable to the Department of State, representing \$100.00 filing fee, \$25.00 for designation of registered agent for each and \$30.00 for certified copy for each.

Kindly file the original in your office and return a certified copy to our office.

Sincerely,



Jamie B. Greusel, Esq.

Enclosures

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MADD INVESTMENTS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1104 North Collier Blvd.  
Marco Island, FL 34145

**Mailing Address:**

1104 North Collier Blvd.  
Marco Island, FL 34145

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

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

Jamie B. Greusel

Name

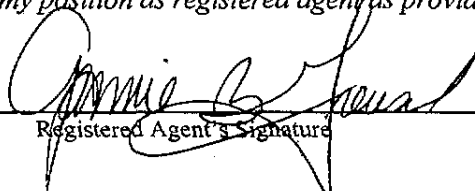
1104 North Collier Blvd.

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

Marco Island, FL 34145

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(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

Abouzarjomehr Mazdai

1880 North County Road 150 E

Connersville, IN 47331

MGRM

Joann M. Mazdai

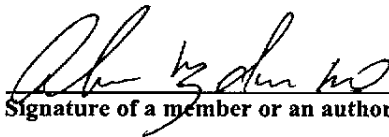
1880 North County Road 150 E

Connersville, IN 47331

(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.)

Abouzarjomehr Mazdai

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)**