

LD5000072381

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(City/State/Zip/Phone #)

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LD5-72381
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES
JACOBI & JACOBI
PROFESSIONAL ASSOCIATION

1313 N.E. 125 STREET
NORTH MIAMI, FL 33161

BENJAMIN R. JACOBI
JOEL S. JACOBI

July 14, 2005

TELEPHONE
DADE (305) 893-4135
BROWARD (954) 921-4026
TELEFAX
(305) 893-4173

Secretary of State
Division of Corporations
Dept. Of State
P.O. Box 6327
Tallahassee, FL 32314

Re: MZ Network Solutions, LLC

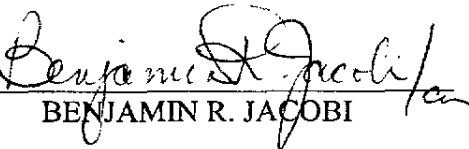
Gentlemen:

Enclosed please find two sets of Articles of Organization for the above LLC along with a check in the amount of \$125.00 and a self-addressed stamped envelope for forwarding a certified copy of the Articles to the undersigned.

Thank you for your cooperation and courtesies in this matter.

Very truly yours,

JACOBI & JACOBI, P.A.

BY: 
BENJAMIN R. JACOBI

BRJ:crm
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MZ NETWORK SOLUTIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

12310 N.E. 11th Place

North Miami FL 33161

Mailing Address:

12310 N.E. 11th Place

North Miami FL 33161

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

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

MICHAEL ZAMBRZYCKI

Name

12310 N.E. 11th Place

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

North Miami FL 33161

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

(CONTINUED)

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TALLAHASSEE, 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:

MGRM

MICHAEL ZAMBRZYCKI


12310 N.E. 11th Place

North Miami FL 33161

(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.)

MICHAEL ZAMBRZYCKI

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