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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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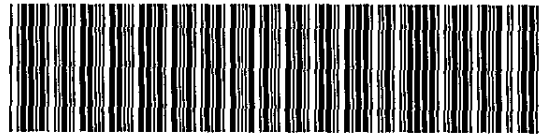
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN AUG 23 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MinorityCorp, 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:

Rosemarie Rowe
(Name of Person)

MinorityCorp, LLC
(Firm/Company)

4278 NW 38th Ave.
(Address)

Lauderdale Lakes, Florida 33309
(City/State and Zip Code)

For further information concerning this matter, please call:

Rosemarie Rowe at 954 648 6255
(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 CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Minority Corp, LLC

ARTICLE II - Address:

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

Principal Office Address:

4278 NW 38 Ave
Lauderdale Lakes
FL 33309

Mailing Address:

P.O. Box 100901
Ft. Lauderdale
FL 33310

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

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

Rosemarie Rowe

Name

4278 NW 38 Ave

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

Lauderdale Lakes FL 33309

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..

Rosemarie Rowe
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:

MGR

Rosemarie Rowe

P.O. Box 100901
Ft. Lauderdale, Fl. 33310

MGRM

Reuben Robinson

P.O. Box 100901
Ft. Lauderdale, Fl. 33310

MGRM

Joan Norville

P.O. Box 100901
Ft. Lauderdale, Fl. 33310

MGRM

HAMILIN DALRIO

P.O. Box 100901
Ft. Lauderdale, Fl. 33310

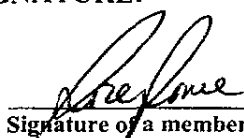
MGRM

(Use attachment if necessary)

Jay Jones
P.O. Box 100901
Ft. Lauderdale, Fl. 33310

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.)

Rosemarie Rowe

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)