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Special Instructions to	Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporate				
SUBJECT:		MAR L.L.C. d Liability Company)		
The enclosed Articles of O	rganization and fee(s) are st	ubmitted for filing.		
Please return all correspon	dence concerning this matte	r to the following:		
		KUMAR Name of Person)		
	0	Firm/Company)		
235	CANTER	3URY DRIV (Address)	E WEST	_
PALM	BEACH (City)	STARDENS,	FLORIDA 3	Zij15
	acerning this matter, please of		,	561
SAVITA (Name of	KUMAQ Person)	at (56) 883 (Area Code & Daytime Te	2-3128/7:	22-8641
Enclosed is a check for the				
\$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	
]]]	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	s Circle SEE, F	OS MAR -8 BM 9:15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
ANIL KUMAR L.L.C.
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Frincipal Office Address: Wraming Address:
235 CANTER BURY DRIVE WEST CAME AS OFFICE ADDRESS. PALM REACH & ARDENS FL - 33418
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: SAVITA KUMAR
The name and the Florida street address of the registered agent are:
The name and the Florida street address of the registered agent are: SAUITA KUMAR Name Name
Name ST. Co.
PALM BEACH GARDEN FIL 33418 Name 235 CANTERBURY DRIVE WEST FINE Street address (P.O. Box NOT acceptable) PALM BEACH GARDEN FIL 33418
PALM BEACH GARDEN ST. 33418 Dm 51 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 (REQUIRED)
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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	Savita Kumar 235 Canterbury Drive West Palm Beach Garden, FL 33418
	ate of filing: 3 -1-06 (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	or an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tess an affirmation under the penalties of perjury ein are true.)
SAU Type	d or printed name of signee
Filing Fees:	Line to the second sec
\$125.00 Filing Fee for Articles of Organiz of Registered Agent	zation and Designation FLORIE STATE TORRES TORRES
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	DA 45