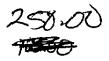
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
, , , , , , , , , , , , , , , , , , ,		
SADAF,LLC		
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 prin	ncipal office of the Limited Liability Compa	any is:
Principal Office Address:	Mailing Address:	
7657 N.W. 50 STREET		
MIAMI, FLORIDA 33166		
ARTICLE III - Registered Agent, Registered ( The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	red Agent. You must designate an individual or another	
·	specied agent are.	ر کالا
SAM F. SAMI Name	2006 APR 13	SION
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	STATE
7657 N.W. 50 STREET		30C
	ess (P.O. Box <u>NOT</u> acceptable)	780c 18.4
MIAMI, FLORIDA 33166 City, State, and	<del></del>	5 
·		•••• • • • •
Having been named as registered agent and to act liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as registered.	is certificate, I hereby accept the appointmen I further agree to comply with the provision formance of my duties, and I am familiar with	nt as ns of all h and
· Weight		
Registered Agent's Signatur	e (REQUIRED)	

(CONTINUED) Page 1 of 2

The name and address of each Mana	naging Member(s): ger or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	JAMIE J. SAMI	
	7657 N.W. 50 STREET	
	MIAMI, FLORIDA 33166	
MGRM	SAM F. SAMI	
	7657 N.W. 50 STREET	
	MIAMI, FLORIDA 33166	
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<del> </del>		<del></del> 58°
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	e date of filing: (OP be specific and cannot be more than five busin	TIONAL) less days prior
REQUIRED SIGNATURE:		
Signature of a member	er 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.)

Samu - M GR-M
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)