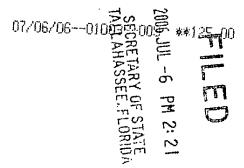
LD6000067824

| | equestor's Name) | |
|-------------------------|----------------------|----------------|
| (Ne | questors Name) | |
| | , | |
| (Ad | ldress) | |
| | | |
| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone # | (‡) |
| | | |
| PICK-UP | WAIT | MAIL |
| | | |
| /Bu | siness Entity Name | <u> </u> |
| ,54 | omoso Emily Mame | • |
| | | |
| סט) | cument Number) | • |
| | | |
| Certified Copies | _ Certificates o | of Status |
| • | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | 1 |
| | | |
| • | | |
| | | |
| | | |
| | | |
| | | l l |

Office Use Only



200076716292



EFFECTIVE DATE

Law Offices

Eric S. Kolar, P.A.

3305 Atlantic Boulevard, Suite B Jacksonville, Florida 32207

Eric S. Kolar, Attorney at Law Admitted in Florida and Georgia

June 28, 2006

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Sovanny Investments, LLC

Dear Sir or Madam:

Enclosed is an original and one copy of Articles of Organization for a Florida Limited Liability Company and my firm's \$125 check for your filing fee payable to Department of State. Please file the Limited Liability Company and return receipt to me.

Very truly yours,

Eric S. Kolar

Enclosure(s)

- can rest

Telephone: (904) 396-0009

Facsimile: (904)_396-8790

ARTICLES OF ORGANIZATION FOR SOVANNY INVESTMENTS, LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is: SOVANNY INVESTMENTS, LLC

ARTICLE II- Address:

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

Principal Office Address:

1612 Trotters Bend Trail Jacksonville, FL 32225 **Mailing Address:**

1612 Trotters Bend Trail Jacksonville, FL 32225

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

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

SOVANNY SAR 1612 Trotters Bend Trail Jacksonville, FL 32225

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 provision 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, Florida Statutes.

Registered Agent's Signature

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| 1 Itle: | Name and Address: |
|-------------------------|-----------------------------|
| "MGR" = Manager | |
| "MGRM = Managing Member | |
| | |
| MGRM | Sovanny Sar |
| | 1612 Trotters Bend Trail |
| | Jacksonville, Florida 32225 |

ARTICLE V – Commencement and Duration:

This Limited Liability Company shall commence upon the earlier of (i) the date of filing of the articles of incorporation or (ii) July 1, 2006 and shall be filed with the Secretary of State within five (5) business days from July 1, 2006. This Limited Liability Company shall have perpetual existence.

REQUIRED SIGNATURE:

(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.)

JUB JUL "B TTI C' Z'I SECRETARY OF STATE TI AHASSFF, FI ORIDA