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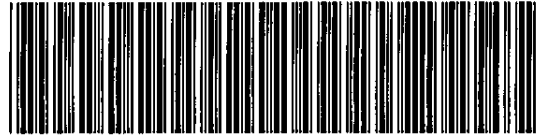
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. Campbell OCT 25 2006

MARTINEZ FOWLER LLC
PO BOX 52
ALBANY LA 70711
225-567-6735
225-291-7911 FAX

OCT 12, 2006

REGISTRATION SECTION
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

SUBJECT: JOHN AIENA LLC

THE ENCLOSED ARTICLES OF ORGANIZATION AND FEES ARE SUBMITTED FOR FILING.

PLEASE RETURN ALL CORRESPONDENCE CONCERNING THIS MATTER TO THE FOLLOWING:

DONALD E MARTINEZ

MARTINEZ FOWLER LLC
PO BOX 52
ALBANY, LA 70711

FOR FURTHER INFORMATION CONCERNING THIS MATTER, PLEASE CALL:

DONALD E MARTINEZ AT 225-567-6735

ENCLOSED IS A CHECK FOR THE FOLLOWING AMOUNT: \$130 FOR FILING FEE AND CERTIFIED COPY.



DONALD E MARTINEZ, EA

ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY
JOHN AIENA LLC

ARTICLE I:

THE NAME OF THE LIMITED LIABILITY COMPANY IS:
JOHN AIENA LLC

ARTICLE II: THE MAILING ADDRESS IS:

JOHN AIENA LLC
485 S 4TH ST
PONCHATOULA LA 70454

THE PRINCIPAL OFFICE IS:
485 S 4TH ST
PONCHATOULA LA 70454

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ARTICLE III: THE REGISTERED AGENT FOR JOHN AIENA LLC IS:

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT ARE:

JOHN AIENA
VANDERBILT SQ
HWY 19 N
NEW PORT RICHEY, FL 34652

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.



JOHN AIENA

ARTICLE IV: THE MANAGER'S NAME AND ADDRESS OF JOHN AIENA LLC IS:

MGRM

JOHN AIENA
485 S 4TH ST
PONCHATOULA LA 70454

(IN ACCORDANCE WITH SECTION 608.408(3)M FLORIDA STATUTES, THE
EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER
PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE)


JOHN AIENA

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